

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES + THE JOINT HEALTH CARE COMMITTEE

# my Pathways to Benefits



**2016  
OPEN ENROLLMENT  
MAY 2-13**





## The Joint Health Care Committee

The labor-management partnership overseeing the State of Ohio employee health care fund

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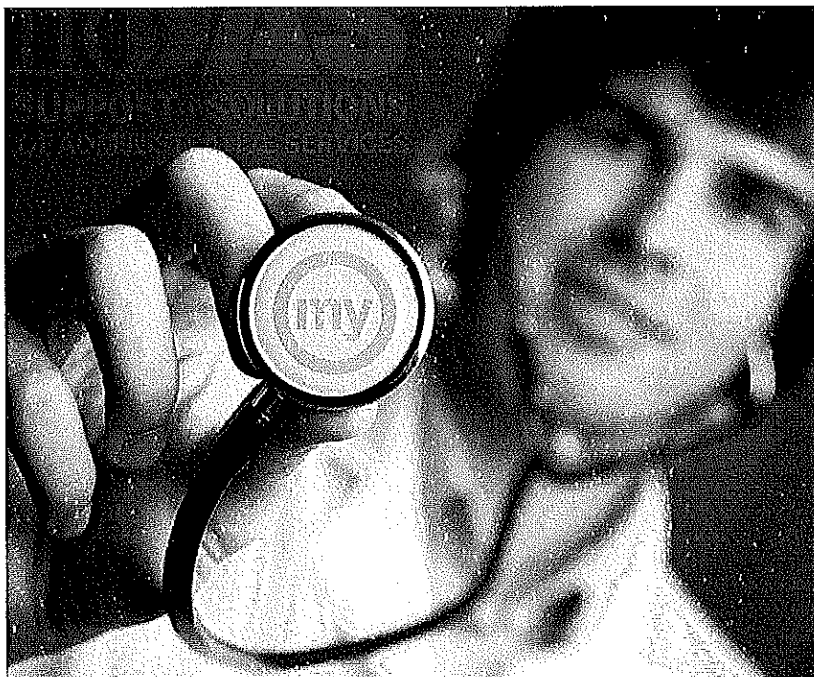
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# 2016 Benefits Overview

Welcome to the 2016 Open Enrollment edition of *Pathways to myBenefits* magazine. The purpose of this edition is to inform you and your family about the State of Ohio's employee health care benefits available this coming benefit year, which begins July 1, 2016.

Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision and supplemental life insurance coverage during the Open Enrollment period, which will be held Monday, May 2 through Friday, May 13.

If you already are enrolled in benefits, please review your Benefits Summary by logging in to [myOhio.gov](http://myOhio.gov) and clicking the myBenefits button to access your benefits information, as well as your dependents, if applicable. Ensure your dependents still meet the eligibility requirements by visiting [das.ohio.gov/EligibilityRequirements](http://das.ohio.gov/EligibilityRequirements). If you do not have any changes to your coverage, no additional action is required. If you wish to waive your current health coverage, you will need to do so during Open Enrollment.

## Important Changes for the Upcoming Benefit Year

- Third-Party Administrators (TPA) – Effective July 1, 2016, there will be three third-party administrators for the Ohio Med PPO – Aetna, Anthem and Medical Mutual of Ohio. See Page 7 for more information.
- Enrolled employees will receive new medical and prescription drug ID cards.
- Optum's Family Support Program – For families who are dealing with substance use issues, a new program offers resources and support. For details, visit [das.ohio.gov/behavioralhealth](http://das.ohio.gov/behavioralhealth).
- House Bill 1 (HB1) Dependents: Pursuant to Amended Substitute House Bill 201, effective July 1, 2016, HB1 dependents will no longer be eligible for the State of Ohio's medical benefits. Dependents may be eligible for COBRA.
- OptumRx has acquired Catamaran and is the prescription drug third-party administrator. The prescription drug benefit will remain the same.

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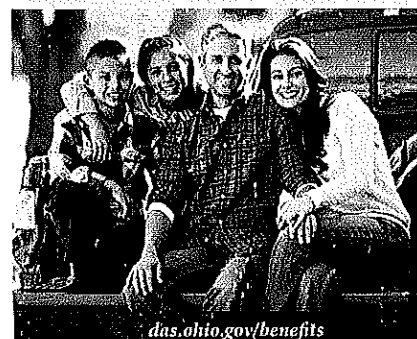
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# Benefits Enrollment Instructions



To enroll, disenroll or make changes, please follow the steps below:

1. Review information about available benefits by carefully reading this Open Enrollment edition of *Pathways to myBenefits*. If you have questions, contact your agency benefits representative, human resources office or the Ohio Department of Administrative Services' HR Customer Service desk at 800-409-1205, select Option 2.
2. Enroll in medical, dental and vision coverage or make changes to you and/or your dependents' current coverage by going online to [myOhio.gov](http://myOhio.gov) or by obtaining a paper form.

## A. Online

- Go to [myOhio.gov](http://myOhio.gov). Enter your State of Ohio User ID and password. If you have forgotten your State of Ohio User ID or password, contact HR Customer Service by calling toll-free, 800-409-1205, or in Columbus, 614-466-8857. Make sure to select Option 1 when prompted;
- Click on **myBenefits** under Self Service Quick Access on the right side of the page;
- The Benefits Summary page will open; review your current benefit information;
- Click on **Enroll in Benefits and make the necessary changes or updates**.
  - Submit your enrollment or changes. **All transactions must be completed, submitted and confirmed prior to 7 p.m. Friday, May 13. The system will not accept any entries after 7 p.m. Friday, May 13.** Make sure your online changes are correctly submitted by clicking the **SUBMIT** button on the last two pages of the process. At the end, you will receive a confirmation message that can be printed for your records.
  - For detailed instructions on how to enroll or disenroll online, go to: [das.ohio.gov/EnrollmentInstructions](http://das.ohio.gov/EnrollmentInstructions).
  - Online Open Enrollment is available Monday, May 2 through Friday, May 13, 2016, as follows:  
Weekdays – All day except 7 to 9 p.m.  
Saturdays – All day except 4 to 6 p.m.  
Sundays – All day except 4 p.m. to midnight

## B. Paper

- For medical coverage for all eligible employees and dental and vision coverage for exempt employees, obtain a paper State of Ohio Benefit Enrollment/Change Form (ADM 4717) on the Benefits Administration website at: [das.ohio.gov/HealthCareForms](http://das.ohio.gov/HealthCareForms) or from your agency's human resources office.
- For all bargaining unit members, forms to change dental and vision coverage are available at [benefitstrust.org](http://benefitstrust.org), then click the Forms & Info link.
- Submit your enrollment or changes by giving your completed and signed State of Ohio Benefit Enrollment/Change Form (ADM4717) and/or the Union Benefits Trust Dental & Vision Enrollment Form to your agency's human resources office by 4 p.m. Friday, May 13.

Following Open Enrollment, all eligible employees will receive a confirmation letter in the mail. This letter should arrive in early June. Please review this letter carefully to ensure your enrollment elections have been processed correctly.



## myOhio

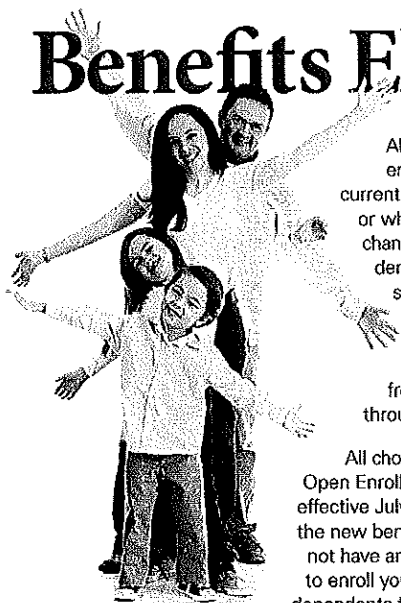
### IMPORTANT

If you are enrolling for the first time and/or adding new dependents during this Open Enrollment, you must provide the required eligibility documentation for your dependents. A listing of the required documentation can be found at: [das.ohio.gov/EligibilityRequirements](http://das.ohio.gov/EligibilityRequirements)

Coverage will not be provided for dependents until the eligibility documents are received and approved. The final deadline to submit all required documentation is July 31.

You will not have another opportunity to enroll yourself or eligible dependents for benefits or make changes to your elections until the next Open Enrollment unless you experience a change in status/qualifying event.

# Benefits Eligibility



All eligible employees who currently are not enrolled or who need to make changes to medical, dental, vision or supplemental life can only do so during Open Enrollment, held from Monday, May 2 through Friday, May 13.

All choices made during Open Enrollment will become effective July 1, which begins the new benefit year. You will not have another opportunity to enroll yourself or eligible dependents for benefits

or make changes to your elections until the next Open Enrollment unless you experience a change in status/qualifying event, such as marriage, divorce, or the birth or adoption of a child.

For more information about qualifying events:

1. Go to [das.ohio.gov/benefits](http://das.ohio.gov/benefits);
2. Click on the link for the Change in Status/Qualifying Events Matrix along the right navigation pane.

## ELIGIBILITY FOR BENEFITS Employees

- **Medical** – Most state employees are eligible to enroll in medical coverage (which includes prescription drug, behavioral health and wellness benefits) during Open Enrollment or within 31 days from their hire date. Benefits are effective the first day of the month following the date of hire. Changes made during Open Enrollment are effective July 1. *For more information on non-permanent employees becoming newly eligible for coverage pursuant to the Patient Protection and Affordable Care Act, please see the [das.ohio.gov/EligibilityRequirements](http://das.ohio.gov/EligibilityRequirements) Web page.*
- **Dental and Vision** – Permanent exempt and union-represented employees are eligible to enroll in dental and vision coverage effective the first day of the month after completing one full year of continuous state service or thereafter during Open Enrollment.
- **Basic Life** – Permanent exempt and union-represented employees are eligible for basic life coverage after completing one full year of continuous state service. Enrollment is automatic. The basic life insurance benefit for union-represented employees is provided through Prudential. The exempt employees' basic life insurance benefit is provided through Minnesota Life.

- **Supplemental Life** – Permanent exempt and union-represented employees are eligible for coverage on their date of hire and have 90 days to enroll.\* Permanent exempt and union-represented employees also may enroll or make changes during Open Enrollment. The supplemental life insurance benefit for union-represented employees is provided through Prudential. The exempt employees' supplemental life insurance benefit is provided through Minnesota Life.

\* Certain new enrollments or increases are subject to evidence of insurability and may delay the effective date of coverage.

## ELIGIBILITY FOR BENEFITS Dependents

To view the detailed eligibility and enrollment requirements for all dependents, visit:  
[das.ohio.gov/EligibilityRequirements](http://das.ohio.gov/EligibilityRequirements).

Note: To ensure that dependent documentation is processed prior to July 1, it is recommended that employees submit all required eligibility documentation for dependents to your agency human resources office by June 1. The final deadline to submit all required documentation is July 31.

Due to various federal and state regulations regarding dependent children, please refer to the chart on Page 6 for more guidance.



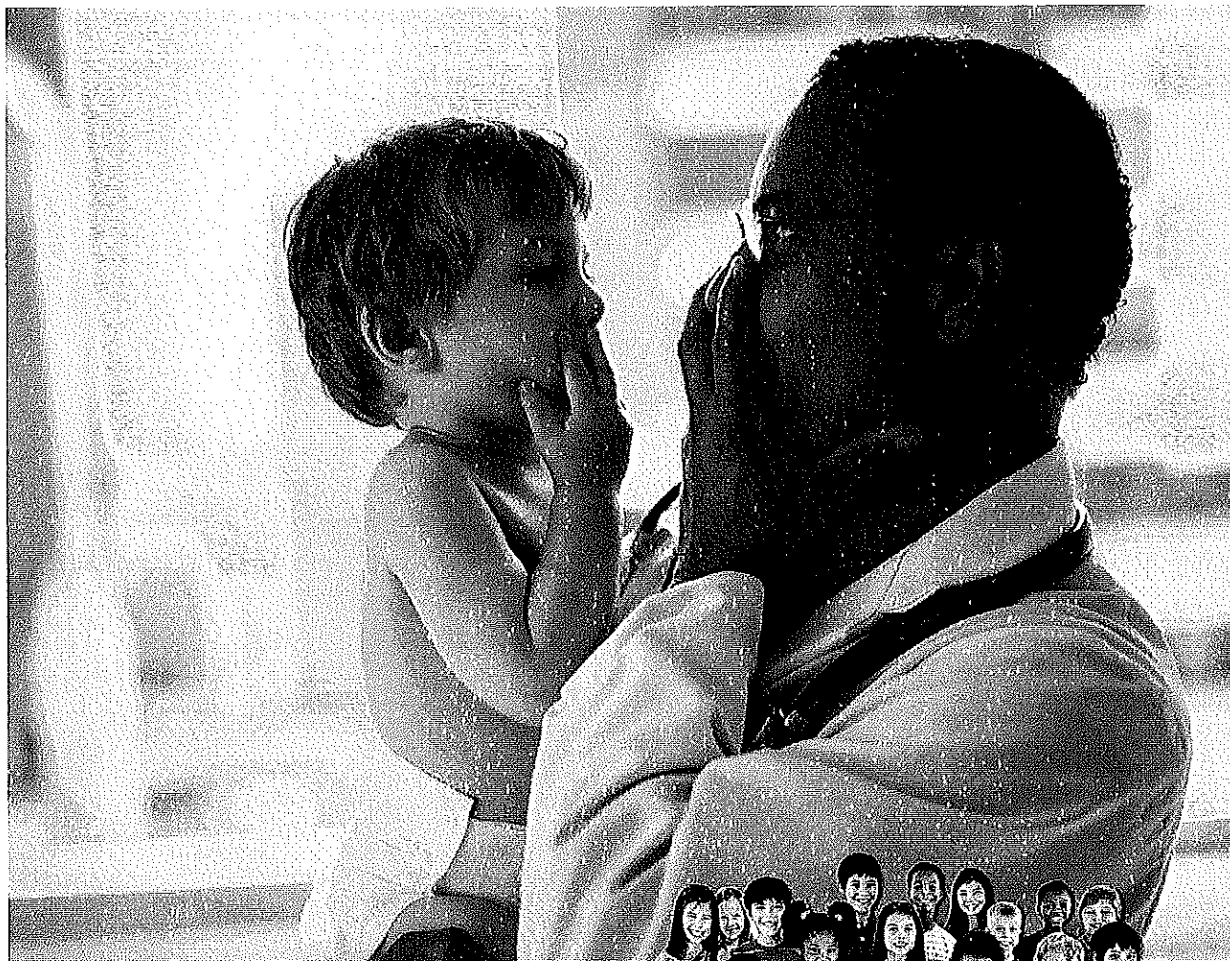
## Did you know?

In the event of a qualifying life event, such as a marriage, divorce, birth, adoption of a child or a child reaching the age of ineligibility, you have 31 days to add or remove dependents to or from coverage. If you wait longer than 31 days, you will have to wait until the next Open Enrollment period to make the change. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

It is your responsibility to contact your agency human resources office when one of your enrolled dependents is, or becomes, ineligible for benefits coverage.

**PLEASE NOTE:** The material in this publication is for informational purposes. It is intended only to highlight the main benefits, eligibility policies and coverage information for State of Ohio employees and their dependents. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the plan documents, the plan documents govern. To locate the plan documents on the Benefits Administration website, [das.ohio.gov/benefits](http://das.ohio.gov/benefits), click on Medical located in the right navigation pane under Benefits.





## Eligibility for Benefits

DEPENDENT CATEGORY	MEDICAL	DENTAL	VISION	SUPPLEMENTAL LIFE
Children younger than age 23 <sup>1</sup>	Coverage available for eligible dependents <sup>1</sup>	Coverage available for eligible dependents <sup>2</sup>	Coverage available for eligible dependents <sup>2</sup>	Coverage available for eligible dependents
Children ages 23 - 25	Coverage available for eligible dependents <sup>1</sup>	No coverage available	No coverage available	Coverage available for eligible dependents

<sup>1</sup> View detailed eligibility and documentation requirements at: [das.ohio.gov/EligibilityRequirements](https://das.ohio.gov/EligibilityRequirements).

<sup>2</sup> Student verification is needed for dependents age 19 up to age 23. View detailed eligibility and documentation requirements at: [das.ohio.gov/EligibilityRequirements](https://das.ohio.gov/EligibilityRequirements).

**Note:** When one of your enrolled dependents is, or becomes, ineligible for benefits coverage based on the state's definition of eligibility, it is your responsibility to contact your agency benefits specialist (or human resources office) immediately to remove them from your coverage. Your dependent may be eligible to continue their medical, dental and/or vision benefits through COBRA (continuation coverage) if you notify your agency benefits specialist (or human resources office) within 60 days after the qualifying event.

Enrollment or continuation of an ineligible dependent may result in loss of benefits, disciplinary action and/or repayment of claims. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

# Medical Benefits

The State of Ohio is contracting with Aetna, Anthem and Medical Mutual of Ohio to serve as the third-party administrators for the Ohio Med Preferred Provider Organization (PPO) beginning July 1, 2016. The plan design is the same for all three third-party administrators. Under this plan, employees have access to both network and non-network providers.

Aetna, Anthem and Medical Mutual will each serve specific regions in Ohio based on home ZIP codes. You will be assigned your third-party administrator based on the first three digits of your home ZIP code. Review the chart on the right that features the ZIP code breakdown by plan administrator. Employees who live outside of Ohio are automatically enrolled in Anthem.

For deduction information, see the charts on Page 9.

When you are enrolled in medical coverage, you automatically gain prescription drug, behavioral health and wellness benefits. Copayments, deductibles and co-insurance are combined with your behavioral health plan. If you receive medical services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before the plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

## TO OBTAIN INFORMATION FROM YOUR THIRD-PARTY ADMINISTRATOR:

If you would like to receive information about the plan, providers and ancillary programs from your assigned third-party administrator – Aetna, Anthem or Medical Mutual – refer to the Health and Other Benefits Contacts information on Page 17. You can visit your third-party administrator's website to download and print the information or call their customer service unit to request that it be mailed to you.






### SAVE MONEY: USE BENEFITS WISELY

All of the State of Ohio's health plans are self-funded. This means that the cost of your benefits is funded by contributions from you and your agency. All claims are paid for from contributions – your third-party administrator does not pay for your claims. Rather, Aetna, Anthem and Medical Mutual review claims and process payments, and are paid an administrative fee. When the amount of paid claims is greater than the amount of contributions from employees and agencies, medical costs go up.

It is up to each of us to use our benefits wisely. We can all do our part by making wellness a priority in our lives, evaluating our options when we need care and avoiding unnecessary visits.

Take advantage of consumer tools provided by our medical third-party administrators that will enable you to shop and find lower costs for the services they provide (MRIs, labs, surgeries, etc.).

## Medical Third-Party Administrator ZIP Code Chart

3-Digit ZIP Code		Third-Party Administrator
Columbus Toledo	430	 Plan/Network: Aetna Choice POS II (Open Access)
	431	
	432	
	433	
	434	
	435	
	436	
	448	
Cincinnati Dayton Southern Ohio Springfield Youngstown Out of State	449	 Plan/Network: Blue Access (PPO)
	437	
	438	
	439	
	444	
	445	
	450	
	451	
	452	
	453	
	454	
	455	
	456	
Akron Cleveland	457	 MEDICAL MUTUAL Plan/Network: OhioMed
	458	
	440	
	441	
	442	
	443	
	446	
	447	

# Ohio Med PPO

## OUT-OF-POCKET COSTS

Annual Deductible	Network: \$200 single, \$400 family; out-of-network: \$400 single, \$800 family (combined with behavioral health).
Your Copayments (Office Visits)	Network: \$20; out-of-network: \$30.
Coinsurance	Network: You pay 20%, plan pays 80%; out-of-network: You pay 40%, plan pays 60%. <sup>1</sup>
Your Out-of-Pocket Maximum	Network: \$1,500 single, \$3,000 family; out-of-network: \$3,000 single, \$6,000 family <sup>2</sup> (combined with behavioral health).

## BENEFIT/SERVICE

## COVERAGE LEVELS

Chiropractic Care	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> <li>Unlimited visits.</li> </ul>
Diagnostic X-Ray and Lab Services	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> </ul>
Durable Medical Equipment	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> </ul>
Emergency Room	<ul style="list-style-type: none"> <li>Covered at 80%; \$75 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency.</li> </ul>
Heating Loss (Accidental Injury or Illness)	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> <li>Exams and follow-ups are included in coverage.</li> </ul>
Home Health Care	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network; limit of 180 days.</li> </ul>
Hospice Services	<ul style="list-style-type: none"> <li>Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network.</li> </ul>
Immunizations	<ul style="list-style-type: none"> <li>Most are covered at 100% in-network; 60% out-of-network.</li> </ul>
Infertility Testing	<ul style="list-style-type: none"> <li>Covered at 80% after \$20 copay, for in-network; 60% after \$30 copay out-of-network.</li> <li>Coverage includes testing only.</li> </ul>
Inpatient and Outpatient Services	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> </ul>
Maternity - Delivery	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> </ul>
Maternity - Prenatal/Postpartum Care	<ul style="list-style-type: none"> <li>Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%.</li> </ul>
Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network.</li> <li>Unlimited visits (review required).</li> <li>Includes coverage for Autism Spectrum Disorder.</li> </ul>
Preventive Exams and Screenings	<ul style="list-style-type: none"> <li>Most preventive care covered at 100% in-network; 60% out-of-network.</li> <li>Age restrictions may apply.</li> </ul>
Skilled Nursing Facility	<ul style="list-style-type: none"> <li>Covered at 80%; 180-day limit, additional days covered at 60%, for both in- and out-of-network.</li> </ul>
Urgent Care	<ul style="list-style-type: none"> <li>\$25 copay in-network; \$30 copay out-of-network.</li> <li>Covered at 80% in-network; 60% out-of-network.</li> </ul>

<sup>1</sup> Plan pays 60% of Ohio Med PPO's contracted allowable amount and you pay any remaining balance.

<sup>2</sup> If your out-of-network charge is greater than the Ohio Med PPO contracted allowable amount, your out-of-pocket costs will be more.

<sup>3</sup> For prescription drug out-of-pocket cost information, visit [das.ohio.gov/prescriptiondrug](http://das.ohio.gov/prescriptiondrug).



## FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS <sup>1</sup>			FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS <sup>1</sup>		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$40.90	\$230.68	\$271.58	\$88.62	\$499.83	\$588.45
Family Minus Spouse	\$111.92	\$633.12	\$745.04	\$242.49	\$1,371.75	\$1,614.24
Family Plus Spouse <sup>2</sup>	\$117.69	\$633.12	\$750.81	\$254.99	\$1,371.75	\$1,626.74

<sup>1</sup> These rates represent the total amount that will be deducted from your paycheck.

<sup>2</sup> Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

## PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

	PART-TIME BIWEEKLY DEDUCTIONS <sup>1</sup> 50% TIER			PART-TIME BIWEEKLY DEDUCTIONS <sup>1</sup> 0% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$135.79	\$135.79	\$271.58	\$271.58	\$0.00	\$271.58
Family Minus Spouse	\$372.52	\$372.52	\$745.04	\$745.04	\$0.00	\$745.04
Family Plus Spouse <sup>2</sup>	\$378.29	\$372.52	\$750.81	\$750.81	\$0.00	\$750.81

<sup>1</sup> These rates represent the total amount that will be deducted from your paycheck.

<sup>2</sup> Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.



# Preventive Care

## STAY HEALTHY, SAVE MONEY

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important actions you can take for your health and your family's health is to schedule regular check-ups and screenings with your primary care physician.

Your State of Ohio medical plan offers the following services with no deductible, no copayment and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance and deductible amounts.

FREE EXAMS AND SCREENINGS	
Clinical breast exam	1/plan year
Colonoscopy	Every 10 years starting at age 50
Flexible sigmoidoscopy	Every 10 years starting at age 50
Glucose	1/plan year
Gynecological Exam	1/plan year
Hemoglobin, hematocrit or CBC	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year
Mammogram	1 routine and 1 medically necessary/plan year
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services
Stool for occult blood	1/plan year
Urinalysis	1/plan year
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21
Well-person exam (annual physical)	1/plan year

FREE IMMUNIZATIONS	
Diphtheria, tetanus, pertussis (DTap)	2/4/6/15-18 months; 4-6 years
Haemophilus Influenza b (Hib)	2/4/6/12-15 months
Hepatitis A (HepA)	2 doses between 1-2 years
Hepatitis B (HepB)	Birth; 1-2 months; 6-18 months
Human Papillomavirus (HPV)	3 doses for 9-26 years
Influenza	1/plan year
Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Rotavirus (Rota)	2/4/6 months
Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
Zoster (shingles)	1 dose for age 19 +

This is not an all-inclusive list. Please refer to [das.ohio.gov/medical](http://das.ohio.gov/medical) for more information about preventive care services.

# Prescription Drug

OptumRx (formerly Catamaran) provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO Plan.

## Diabetes Management Program

Members are eligible for free diabetic supplies and medication if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO.

## Pharmacy website offers online tracking, tools

The website for OptumRx, [OptumRx.com](http://OptumRx.com), is a private, secure website. All of your pharmacy plan information is available at your fingertips 24/7.

Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies;
- Find your lowest copay;
- Locate your pharmacy and get driving directions;
- Manage your mail-order prescriptions, including options to request a refill or track an order; and
- Learn more about your prescription drugs.

Visit [OptumRx.com](http://OptumRx.com) today. You will need your pharmacy member ID number located on your OptumRx card to log in. The number begins with the letter "A." (New OptumRx ID cards will be mailed to enrolled employees prior to July 1, 2016.)

For questions, contact OptumRx at 866-854-8850.

## Specialty drug management program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis and rheumatoid arthritis must be obtained from the specialty pharmacy Briova and can only be filled for 30 days or less. Your order may be shipped to your home or workplace. A description of the program and a list of specialty medications are available on the Benefits Administration website at [das.ohio.gov/prescriptiondrug](http://das.ohio.gov/prescriptiondrug) under the **Specialty Drug List**.

## Not all drugs are covered

Some drugs require the use of alternative medications before being approved. This is known as "step therapy." Examples include medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances and high blood pressure as well as atypical antipsychotics and antiviral medications such as Valtrex®. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program description and a list of medications are on the Benefits Administration website, [das.ohio.gov/prescriptiondrug](http://das.ohio.gov/prescriptiondrug), under "Prescription Drug Updates."

## COPAYMENT COSTS

TYPE OF MEDICATION	30-DAY SUPPLY AT RETAIL COPAYMENT	30-DAY SUPPLY SPECIALTY COPAYMENT	90-DAY SUPPLY AT RETAIL COPAYMENT	90-DAY SUPPLY AT MAIL-ORDER COPAYMENT
Generic	\$10	\$10	\$30	\$25
Preferred Brand-Name	\$25	\$25	\$75	\$62.50
Non-Preferred Brand-Name, Generic Unavailable	\$50	\$50	\$150	\$125
Non-Preferred Brand-Name, Generic Available	\$50 plus the difference between the cost of the brand-name and generic drug	\$50 plus the difference between the cost of the brand-name and generic drug	\$150 plus the difference between the cost of the brand-name and generic drug	\$125 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	\$2,000 single/\$4,000 family			

The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.

The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit [das.ohio.gov/prescriptiondrug](http://das.ohio.gov/prescriptiondrug).

\* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.

# Behavioral Health



## HELP AVAILABLE 24/7

Optum Behavioral Solutions provides specialized behavioral health and substance use services for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO. This program, administered by Optum, provides 24-hours-a-day, seven-days-a-week confidential phone assessment and referral services for a variety of behavioral health issues, such as:

- Alcohol;
- Anger management;
- Anxiety;
- Chemical dependency;
- Compulsive disorders;
- Depression;
- Marital and family issues;
- Serious mental illness; and
- Stress.

Copayments, deductibles and co-insurance are combined with your medical plan. If you receive behavioral health services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

## Benefits

Enrolled employees and their dependents have access to both in-network and out-of-network behavioral health benefits. However, you will pay more if you do not use a participating network provider and facility. This is known as balance billing. See the chart on this page for further details.

## Support Services

The State of Ohio offers support services through the Ohio Employee Assistance Program (OEAP) for various behavioral health issues, which include behavioral health referrals and consultations for employees and their dependents. Other services include training, critical incident stress management, organizational transition interventions, mediation and a new Family Support Program for dependents up to age 25 who have a substance use problem. For details, visit [das.ohio.gov/behavioralhealth](http://das.ohio.gov/behavioralhealth).

BEHAVIORAL HEALTH BENEFIT PLAN	
Copayments	<ul style="list-style-type: none"> <li>• Outpatient office visit in-network: \$20</li> <li>• Outpatient office visit: out-of-network \$30 (balance billing applies)</li> <li>• Intensive outpatient care in-network: \$20</li> <li>• Intensive outpatient care out-of-network: \$30 (balance billing applies)</li> </ul>
Deductibles	<ul style="list-style-type: none"> <li>• Single in-network: \$200 combined with medical</li> <li>• Family in-network: \$400 combined with medical</li> <li>• Single out-of-network: \$400 combined with medical</li> <li>• Family out-of-network \$800 combined with medical</li> </ul>
Plan Coinsurance %	<ul style="list-style-type: none"> <li>• Outpatient in-network: 100% after office visit copay, 80% for other services</li> <li>• Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies)</li> <li>• Inpatient in-network: 80% after deductible</li> <li>• Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized</li> </ul>
Out-Of-Pocket Maximum	<ul style="list-style-type: none"> <li>• Single in-network: \$1,500 combined with medical</li> <li>• Family in-network: \$3,000 combined with medical</li> <li>• Single out-of-network: \$3,000 combined with medical</li> <li>• Family out-of-network: \$6,000 combined with medical</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Day limits: none</li> <li>• Annual limits: none</li> <li>• Lifetime limits: none</li> <li>• Benefits limits: some</li> </ul>

# Make Wellness Your Priority



## LET TAKE CHARGE! LIVE WELL! BE YOUR GUIDE

Your health and wellness is important to us. The State of Ohio offers a robust and comprehensive health and wellness program called *Take Charge! Live Well!*

*Take Charge! Live Well!* provides the tools, guidance and resources you need to be healthier, happier and more productive, while reducing health care costs.

On a personal level, the benefits of *Take Charge! Live Well!* include:

- Biometric screenings;
- Well-Being 5 Survey;
- Health coaching;
- Rewards for taking steps to improve your health;
- 24-hour Nurse Advice Line;
- Flu vaccinations;
- Health and wellness fairs;
- Weight-loss, fitness and activity challenges;
- A website full of resources, [ohio.gov/tclw](http://ohio.gov/tclw);
- Online tracking of wellness activities;
- On-site wellness ambassadors to provide information and answer questions; and
- A new Financial Well-Being program by financial expert Dave Ramsey.

Specific programs include:

- Tobacco cessation; and
- Support for chronic disease management.

At an enterprise level, *Take Charge! Live Well!* is designed to:

- Offer preventive care tools and resources to its enrolled members;
- Increase productivity;
- Encourage engagement among employees;
- Improve retention; and
- Contain or reduce health care costs by improving health.

*Take Charge! Live Well!* supports you in your effort to be your healthiest by helping you identify risks and improve your health.

Employees active in *Take Charge! Live Well!* have expressed that they appreciate the blend of an educational and motivational approach to health and wellness.

For full details, visit the *Take Charge! Live Well!* website at: [ohio.gov/tclw](http://ohio.gov/tclw).

## Healthways Website Updates Scheduled

Healthways will be performing annual system updates from July 1 through 14. During this time, Well-Being Connect, the Healthways website, will not be accessible.

## PATHWAYS TO WELLNESS

### Step 1: ASSESS YOUR HEALTH

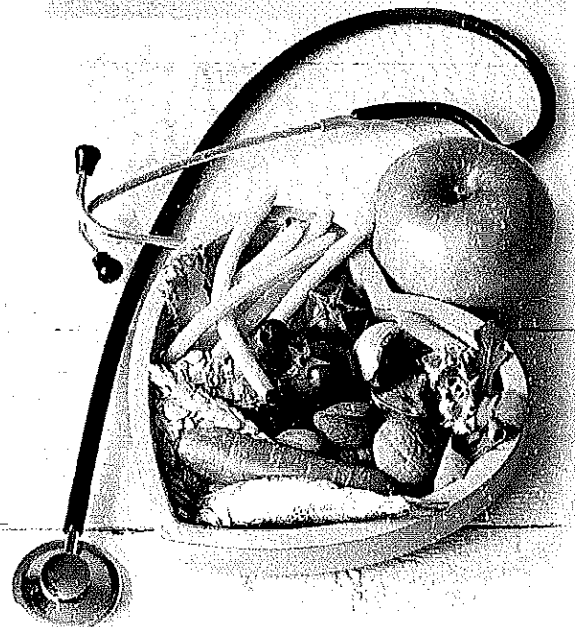
- Complete your biometric screening through an on-site screening or through your physician: **Earn \$75**
  - Complete your Well-Being 5 Survey: **Earn \$50**
- BONUS:** Submit BOTH by Nov. 30, 2016: **Earn another \$25**

### Step 2: TAKE ACTION – It's Your Choice!

- Complete the Coaching Pathway; OR
- Complete the Online Pathway **Earn \$200**

Reward cards are considered taxable compensation. The taxes on the amount of your incentive will be deducted from your paycheck.

For more detailed information about rewards and the *Take Charge! Live Well!* program, go to the *Take Charge! Live Well!* website at [ohio.gov/tclw](http://ohio.gov/tclw) and click on the Program Guide button.





# Dental and Vision

## FOR EXEMPT EMPLOYEES

The State of Ohio pays the full cost for you and your eligible dependents (children younger than age 23<sup>1</sup>) to participate in the dental and vision plans. Exempt employees are eligible to participate in these plans effective the first day of the month after completing one year of continuous state service. Employees receive a letter indicating when they will be eligible for dental coverage.

### Delta Dental PPO

Dental coverage is offered through the Delta Dental PPO plan, offered through Delta Dental of Ohio. You can go to any licensed dentist of your choice and receive benefits, but you typically will pay less when you go to an in-network dentist.

Your out-of-pocket expenses will vary depending on the participation status of your dentist. Your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of the Delta Dental networks. For most covered services, Delta Dental pays a higher percentage if you go to a dentist in its PPO network over its Premier network. Delta pays the least for out-of-network dentists.

To find a participating Delta Dental dentist near you, visit or call:

[deltadentaloh.com](http://deltadentaloh.com)  
800-524-0149  
Group Number: 9273-0001

### Print Your Delta Dental Card Online

If you would like a card to present to your dentist, you may print a card from Delta Dental's website. After you are enrolled in the dental plan, visit [deltadentaloh.com](http://deltadentaloh.com) and click on **Consumer Toolkit**.

Complete the login process and click on **Print ID Card**. If you are enrolling in the plan for the first time, please wait until July 1 to access the dental site.

### Vision Service Plan

Vision coverage is offered through Vision Service Plan (VSP). The VSP Choice network encompasses a large number of providers. If you use a non-network provider, out-of-network charges will apply.

To find a participating VSP vision provider near you, visit or call:

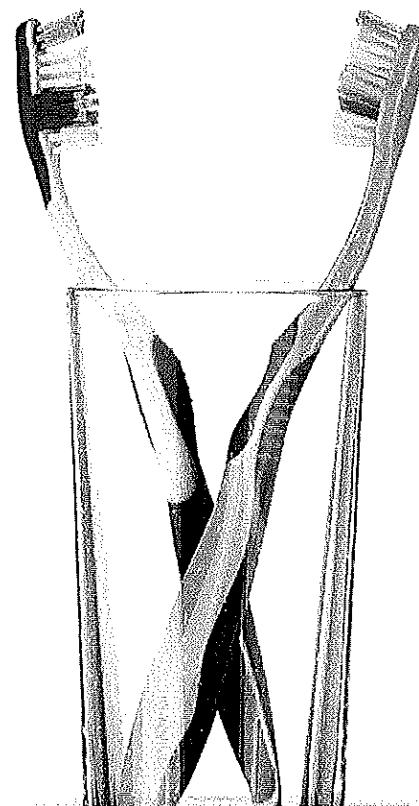
[vsp.com](http://vsp.com)  
800-877-7195  
Group Number: 12022518

### Print Your VSP Card Online

If you would like an enrollment card to present to your vision provider, you may print a card through the VSP website. After you are enrolled in the vision plan, visit [vsp.com](http://vsp.com), complete the login process and click on **My Member Vision Card**. If you are enrolling in the vision plan for the first time, wait until July 1 to access the site.

See Page 15 to view the in-network and out-of-network benefits for the dental and vision plans.

<sup>1</sup> View detailed eligibility and documentation requirements at: [das.ohio.gov/EligibilityRequirements](http://das.ohio.gov/EligibilityRequirements).



### For Union-Represented Employees

Union-represented employees receive dental, vision, life and legal plan benefits through Union Benefits Trust (UBT).

The UBT Enrollment Guide will be mailed to union members' homes. The guide includes enrollment/change forms for dental, vision and legal plans. For supplemental life insurance, a separate mailing from Prudential will arrive during the same period. For more information, please visit [benefitstrust.org](http://benefitstrust.org).

## DELTA DENTAL PLAN FOR EXEMPT EMPLOYEES

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist*
<b>Annual Maximum</b>	\$1,500	\$1,500	\$1,500*
<b>Diagnostic and Preventive Services</b>	100%	100%	100%*
<b>Basic Restorative Services (e.g., fillings)</b>	100%	65%	65%*
<b>Major Restorative Services (e.g., crowns, bridges)</b>	60%	50%	50%*
<b>Orthodontia</b>	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	50% up to \$1,500* lifetime maximum

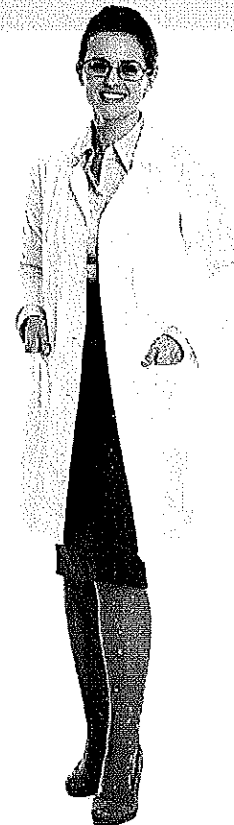
Deductible – \$25 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance (cleaning) and orthodontic services.

There is a separate \$1,000 lifetime maximum on dental implants.

\*Delta Dental will pay up to the allowed amount or the maximum allowable charge for providers in your area. You can be balance billed by non-Delta Dental providers for any amount that exceeds the allowable amount. Network providers cannot balance bill you for the difference between their charge and Delta Dental's allowed amount.

## VISION SERVICE PLAN (VSP) FOR EXEMPT EMPLOYEES

Service	In-Network	Out-Of-Network
<b>Routine Exam/Frame/ Lens Frequency</b>	1 every 12 months	
<b>Routine Exam/ Professional Fees</b>	Plan pays 100% after \$10 copay.	You pay \$10 copay, then plan pays maximum of \$25.
<b>FRAMES</b>	Plan pays 100% up to \$120 retail.	Plan pays maximum benefit of \$18.
<b>MATERIALS/LENSES</b>	You pay \$15 copay, then plan pays maximum benefit of:	
Single Vision Lenses	Plan pays 100% after \$15 copay.	\$25
Bifocal Lenses		\$35
Progressive Lenses		\$52
Trifocal Lenses		\$52
Lenticular Lenses		\$62
Polycarbonate Lenses		\$0
<b>CONTACT LENSES</b>	Plan pays maximum of \$125 plus standard eye exam.	
<b>Elective (Instead of Lenses and Frames)</b>		
<b>Medically Necessary</b>	Plan pays 100% plus standard eye exam.	Plan pays maximum of \$125 plus standard eye exam.



# Life Insurance

FOR EXEMPT EMPLOYEES

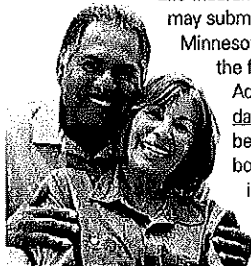
## Exempt Basic Life Insurance

The State of Ohio pays the cost for eligible exempt employees to participate in the basic life plan. Eligible exempt employees are automatically enrolled in the basic life plan after one year of continuous state service. The coverage includes an accidental death and dismemberment benefit for work-related injuries. This benefit – equal to your annualized rate of pay rounded to the next highest \$1,000 – is provided to you at no cost.

The Internal Revenue Service (IRS) requires that employees be taxed on the value of employer-paid group life insurance coverage exceeding \$50,000. This is known as "imputed income." If your annualized rate of pay (and thus your group life insurance) exceeds \$50,000 per year, the tax you owe on the value of the coverage that exceeds \$50,000 is reported to the IRS in Box 12 of your year-end W-2 form. The tax is based upon employee age brackets on the last day of the calendar year and increases in five-year increments as you grow older. See the imputed income rate chart below.

## Beneficiary Forms

You may designate one or more beneficiaries for your basic and supplemental life benefits by visiting the Minnesota Life website at [lifebenefits.com](http://lifebenefits.com). For login instructions, see Page 17 under Life Insurance for exempt employees. Or you may submit a beneficiary form by mail to Minnesota Life. This form is available in the forms section of the DAS Benefits Administration website, located at [das.ohio.gov/HealthPlanForms](http://das.ohio.gov/HealthPlanForms). Your beneficiary elections will apply to both your basic and supplemental life insurance benefits.



**IRS BASIC LIFE IMPUTED INCOME CHART**  
(Monthly Cost Per \$1,000 of Coverage in Excess of \$50,000)

AGE	COSTS
Younger than 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and older	\$2.06

## Exempt Supplemental Life Insurance

Exempt employees are eligible to purchase supplemental life insurance coverage, provided by Minnesota Life. This coverage is entirely employee-paid, and can be purchased within 90 days of employment or upon becoming an exempt employee with no waiting period. When you enroll for coverage, you also may elect life insurance for your eligible dependents. The amount you contribute toward your supplemental and dependent life coverage is deducted from your paycheck. See Page 17 for plan contact information and initial login credentials.

### For Yourself

At Open Enrollment, if you do not already have supplemental life coverage, you may purchase up to the lesser of two times your annualized earnings or \$150,000 without evidence of insurability. If you have existing coverage, you may increase coverage by up to the lesser of two times your annualized earnings or \$150,000 without evidence of insurability.

The maximum amount of coverage available is the lesser of eight times your annualized earnings or \$600,000. If your coverage election exceeds the non-medical limits described above, evidence of insurability will be required. Coverage above the non-medical limits will become effective once evidence of insurability is approved by Minnesota Life. Outside of open enrollment, supplemental life coverage may not be increased without a qualifying life event. If you experience a qualifying life event, you must submit your request within 31 days of the associated life event. For questions regarding a qualifying life event, call Minnesota Life. See Page 17 for contact information.

### For Your Spouse

You may purchase supplemental life insurance for your spouse in \$10,000 increments up to \$40,000. Spousal coverage in excess of \$10,000 requires your spouse to provide evidence of insurability.

### For Your Dependent Children

You may purchase \$7,000 of life coverage for each of your eligible dependent children younger than age 26 at a rate of \$0.82 cents per month, regardless of how many children you cover. You are responsible for dropping your dependent's coverage when your child reaches age 26.

## Cancelling or Reducing Coverage

You may cancel or reduce your employee or dependent supplemental life insurance coverage at any time throughout the year by submitting a written request to Minnesota Life. Coverage will be cancelled or reduced effective the first of the month after your request is received and processed by Minnesota Life. Once coverage is cancelled or reduced for either yourself and/or your dependents, evidence of insurability will be required for any future enrollment for supplemental life coverage, including during open enrollment and qualifying life events. You may be required to submit medical documentation and your coverage election may be approved or rejected by Minnesota Life based upon medical underwriting results.

## Health and Other Benefits Contacts

### ALL EMPLOYEES

#### Medical

Aetna  
800-949-3104  
[aetnastateohioemployee.com](http://aetnastateohioemployee.com)  
Group Number: 285507

Anthem  
844-891-8359  
[enrollment.anthem.com/stateofohio](http://enrollment.anthem.com/stateofohio)  
Group Number: 004007521

Medical Mutual of Ohio  
800-822-1152  
[stateofohio.medmutual.com](http://stateofohio.medmutual.com)  
Group Number: 228000

**Prescription Drug**  
OptumRx (formerly Catamaran)  
866-854-8850  
[OptumRx.com](http://OptumRx.com)  
Rx Group Number: STOH

**Behavioral Health and Substance Use**  
Optum Behavioral Solutions  
800-852-1091  
[liveandworkwell.com](http://liveandworkwell.com)  
Website Access Code: 00832

Ohio Employee Assistance Program  
800-221-6327  
[ohio.gov/eap](http://ohio.gov/eap)

**Take Charge! Live Well!**  
Healthways  
866-556-2288  
[ohio.gov/tclw](http://ohio.gov/tclw)  
Click the Healthways website button.

**24-Hour Nurse Advice Line**  
Healthways  
866-556-2288, Option 1

**Flexible Spending Accounts and Commuter Choice**  
WageWorks  
855-428-0446  
[wageworks.com](http://wageworks.com)

### EXEMPT EMPLOYEES ONLY

#### Dental

Delta Dental of Ohio  
800-524-0149  
[deltadentaloh.com](http://deltadentaloh.com)  
Delta Dental PPO  
Group Number: 9273-0001

#### Vision

Vision Service Plan (VSP)  
800-877-7195  
[vsp.com](http://vsp.com)  
Group Number: 12022518

#### Life Insurance

Basic Life Insurance and Supplemental Life Insurance  
Minnesota Life  
866-293-6047  
[lifebenefits.com](http://lifebenefits.com)  
Group Number: 34301  
*Initial logon credentials for life insurance:* The initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security Number.

### UNION-REPRESENTED EMPLOYEES ONLY

#### Union Benefits Trust

614-508-2255  
800-228-5088  
[benefitstrust.org](http://benefitstrust.org)

The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.

#### Dental

Delta Dental of Ohio  
877-334-5008  
Group Number: 1009

#### Vision

Vision Service Plan (VSP)  
800-877-7195  
Group Number: 12022914

#### EyeMed Vision Care

866-723-0514  
Group Number: 9674813

#### Life Insurance

Prudential Life Insurance  
800-778-3827  
Group Number: LG-01049

#### Work/Life Program

Working Solutions Program  
800-358-8515  
Group Number: 4718

#### Legal Services

Hyatt Legal Services  
800-821-6400  
Group Number: 4900010



#### TIP:

When placing your calls, please ensure you have the documentation you might need during the call:

- Group Number
- State of Ohio User ID
- Explanation of Benefits if call is regarding a claim.

#### Ohio Department of Administrative Services

##### HR Customer Service

614-466-8857 (option 2) / 800-409-1205 (option 2)

[HRCustomerService@das.ohio.gov](mailto:HRCustomerService@das.ohio.gov)  
[das.ohio.gov/benefits](http://das.ohio.gov/benefits)

# Legal Notices

State of Ohio  
Employee Health Plans  
30 E. Broad St., 27th Floor  
Columbus, Ohio 43215

## NOTICE OF PRIVACY PRACTICES

Effective April 1, 2016

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes the privacy practices of the State of Ohio's self-funded medical plans, prescription drug plan, behavioral health plan, population health management plan, dental plans, vision plans, health care spending account, (but not dependent care flexible spending account) which are administered by the State of Ohio, Department of Administrative Services, Office of Benefits Administration Services (collectively "the Plan"). The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information (PHI), and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information and to abide by the terms of the notice currently in effect.

### Position on Privacy

The Plan is committed to maintaining the privacy of its enrolled persons. As part of your participation in the health plans, the Plan and its business associates (whom we use to administer and deliver health care services) receive health information through the operation and administration of the plans. PHI refers to any information, transmitted or maintained in any form or medium, which the Plan creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services that identifies you or could reasonably be used to identify you. PHI and other Plan records are maintained in compliance with applicable State and federal laws.

If you have questions about this notice, please contact the Plan's HIPAA Privacy Contact listed on Page 20.

### How the Plan May Use or Disclose Your Protected Health Information

The Plan may only use or disclose your medical information as described in this notice. Not every authorized use or disclosure in each category is listed, however all permitted uses and disclosures fall into one of these general categories.

#### 1. Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations

**For Treatment.** The Plan may make requests, uses, and disclosures of your PHI as necessary for treatment purposes. For example, the Plan may make disclosures to your health plan regarding eligibility, or make disclosures to health care professionals involved in your care.

**For Payment.** The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For

example, the Plan may use information regarding your medical procedures and treatment so the third party administrator can process and pay claims. The Plan may also disclose your PHI for the payment purposes of a health care provider or a health plan.

**For Health Care Operations Purposes.** The Plan may use and disclose your PHI as necessary for health care operations. For example, Health Care Operations include, but are not limited to, use and disclosures: by health plan of PHI to the Plan for administration of the health plans; for quality assessment of the plans through the distribution and analysis of satisfaction surveys; in connection with the performance of disease management functions; and for general administrative activities, including customer service, cost management, data management, communications, claims and operational audits, and legal services. In addition, a health plan may send you information based on your own health information to inform you of possible treatment options or alternatives that may be available to you. The Plan may also combine your health information with that of other enrolled persons to evaluate the coverage provided and the quality of care received.

#### 2. Other Uses and Disclosures of PHI for Which Your Authorization is Not Required

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

- A. **As Required By Law.** The Plan may disclose your PHI when required by federal, state or local law.
- B. **Family and Individuals Involved in Your Care.** The Plan may disclose medical information about you to a family member or friend who is involved in your medical care. The Plan may request that your family members verify their identity and demonstrate they are acting on your behalf.
- C. **To Avert a Serious Threat to Health or Safety.** The Plan may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- D. **Public Health Activities.** The Plan may use and disclose medical information about you for public health activities including activities related to preventing and controlling disease or, when required by law, to notify public authorities concerning cases of use or neglect.
- E. **Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose medical information to a government authority, including a social service or protective agency if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence.
- F. **Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for oversight activities authorized by law, such as: overall health care system monitoring, monitoring the conduct of government programs, and monitoring to ensure compliance with civil rights laws.
- G. **Lawsuits/Legal Disputes.** The Plan may use and disclose medical information about you in the course of an



# Legal Notices

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administrative or judicial proceeding, such as in response to a subpoena, discovery request, warrant, or a lawful court order.

- H. **Law Enforcement Purposes.** The Plan may disclose medical information to law enforcement officials for law enforcement purposes including investigation of a crime or to identify or locate a suspect, fugitive, material witness or missing person.
- I. **Specialized Government Functions.** The Plan may disclose medical information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities authorized by law.
- J. **Military.** If you are a member of the armed forces, the Plan may disclose medical information about you as required by military command authorities.
- K. **Organ, Eye and Tissue Donation.** If you are an organ donor, the Plan may disclose information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- L. **Workers' Compensation.** The Plan may disclose medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- M. **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose medical information to a coroner or medical examiner to, for example, identify a deceased person or determine the cause of death. The Plan may also disclose medical information about patients to funeral directors as necessary to carry out their duties.
- N. **Business Associates.** The State contracts with parties who provide necessary services for the operation of its plans. For example, the Plan is assisted in its operations by third party administrators. These persons who assist the Plan are called business associates. At times, the Plan may use and disclose PHI so they can provide services. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.
- O. **Disclosure to You.** The Plan may disclose your medical information to you.

### 3. Other Uses and Disclosures of PHI Requiring Your Written Authorization

In all situations other than those described previously, the Plan will ask for your written authorization before using or disclosing your PHI. For example, (except as required or permitted by law), the Plan will not use or disclose psychotherapy notes or sell your medical information without obtaining your prior written authorization. If you have provided authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

### 4. Changes to Existing Laws

Certain provisions of Ohio law may impose greater restrictions on uses and/or disclosures of PHI, or otherwise be more stringent

than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this notice, the Plan must comply with those provisions.

### Your Legal Rights

Federal privacy regulations provide you the following rights associated with your medical information:

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received.) **The Plan is not required to agree to your request.** To request restrictions on the use or disclosure of your PHI, you must make your request in writing to the Plan's HIPAA Privacy Contact listed below. In your request, you must explain: (1) what PHI you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and, (3) to whom you want the limits to apply (for example, your spouse).

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number or address. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Contact listed below. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. After the Plan receives your request, the information may be forwarded to your health plan. As a result, additional reasonable information may be required from you by your plan to process the request.

**Right to Inspect and Copy Your Information.** You have the right, in most cases, to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed below. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other unusual supplies associated with your request. Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Request an Amendment.** If you feel that medical information about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Plan's HIPAA Privacy Contact listed below. You must provide reasons that support your request. If the Plan denies your request for any reason under state or federal law, the Plan will

# Legal Notices

permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures the Plan has made of medical information about you. This accounting will not include many routine disclosures including, but not limited to, those made to you or pursuant to your authorization, those made for treatment, payment and operations purposes as discussed above, those made for national security and intelligence purposes, and those made to law enforcement in compliance with law.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed below. Your request must state the time period that may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice even if you have received it electronically. You may make your request to the Plan's HIPAA Privacy Contact below.

**Right to Breach Notification.** You have the right to notification if a breach of your unsecured PHI has occurred.

## This Notice Is Subject To Change

The Plan reserves the right to change the terms of this notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan has about you as well as any information it may hold about you in the future, and will be posted at [das.ohio.gov](http://das.ohio.gov) and may be provided by mail if required. If you want to ensure you have the latest version of this notice, you may contact the Plan's HIPAA Privacy Contact listed below.

## Whom to Contact

If you believe your privacy rights have been violated, you may file a complaint with the Plan's HIPAA Privacy Contact listed below or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary of US Department of Health and Human Services, contact the

**Office of Civil Rights**  
US Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601.

**Complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.**

Questions regarding this Notice may be directed to the Plan's HIPAA Privacy Contact:

## DAS -- HIPAA Privacy Contact

30 E. Broad St., 27th Floor  
Columbus, Ohio 43215  
614-466-6205; email: [gregory.pawlack@das.ohio.gov](mailto:gregory.pawlack@das.ohio.gov)

## NOTICE OF RIGHT TO ELECT COBRA CONTINUATION COVERAGE

### What is COBRA Continuation Coverage?

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. You, your spouse and dependent children, if any, should all take the time to read the entire notice carefully.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

## Legal Notices

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- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

*\*If a covered child of the employee is enrolled in the plan pursuant to a qualified medical child support order (QMCSO) during the employee's period of employment, he or she is entitled to the same rights under COBRA as if he or she were the employee's dependent.*

### When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's is becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.

### How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours

of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

**Disability:** The 18 months may be extended to 29 months if a qualified beneficiary is determined by the Social Security Administration to be disabled (for Social Security disability purposes) at any time during the first 60 days of COBRA coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment.

To benefit from this extension, a qualified beneficiary must notify the Plan Administrator or designated Plan Service Provider of the disability determination on or before 60 days from the COBRA start date, and before the end of the original 18-month period. If you do not notify the Plan Administrator or the designated Plan Service Provider within the required period of time, you may lose your right to the extension.

The affected individual must also notify the Plan Administrator or designated Plan Service Provider within 30 days of any final disability determination that the individual is no longer disabled. Coverage will end on the first of the month, following at least 30 days after the date of the Social Security final disability determination letter.

**Second qualifying event extension of 18-month period of continuation coverage:** If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Your Election Rights:** When the Plan Administrator or designated Plan Service Provider is notified that one of these events has happened, they will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage (because of one of the events described above) to inform the Plan Administrator or the designated Plan Service Provider that you want continuation coverage. If you do not choose continuation coverage in a timely manner, your group health insurance coverage will end.

**Coverage Rights:** If you choose continuation coverage, the Plan is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. Each covered person will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA

## Legal Notices

continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

**Maximum Period of Coverage:** The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment (for reasons other than gross misconduct) or reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as a death, divorce, legal separation, or Medicare entitlement) occur during that 18-month period. In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage.

**California State Residence:** Under California law, you may be eligible for a State mandated extension of benefits after your federally mandated COBRA period expires. California State laws allow an extension of COBRA benefits to a total of 36 months from the date of your qualifying event to Qualified Beneficiaries who begin COBRA coverage on or after January 1, 2003. You will be notified of this extension at the conclusion of your original COBRA coverage.

**Flexible Spending Account or Medical Reimbursement Account:** If you are participating in the company's Flexible Spending Account or Medical Reimbursement Account at the time of your termination or reduction of hours, you may also have the right to continue participation under COBRA based on the following parameters:

1. You will be allowed to continue coverage for the remainder of the current plan year if you have a balance remaining in your account at the time of your termination or reduction in hours;
2. You will not be able to receive reimbursements in excess of your original election amount in the account; and
3. You make monthly payments in the same amount as your regular payroll deductions while you were an active employee.

**Adding Dependents to COBRA Coverage:** A child who is born to or adopted by the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator or designated Plan Service Provider of the birth or adoption.

**Expiration of COBRA Coverage:** The law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The state no longer provides group health coverage to any of its employees;
2. The premium for continuation coverage is not paid on time;
3. The qualified beneficiary becomes covered - after the date

he or she elects COBRA coverage - under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have;

4. The qualified beneficiary becomes entitled to Medicare after the date he or she elects COBRA coverage;
5. The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

**Limits to Pre-Existing Conditions:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRA's other coverage cut-off rule with these new limits as follows:

- If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Plan may terminate your COBRA coverage.
- You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

**Insurance Premiums:** Under the law, you may have to pay all or part of the premium for your continuation coverage. You may also be required to pay a 2% administration fee above the cost of the premiums. If you are disabled, you may be required to pay 150% of the premium during the 11-month extension period.

**Grace Period:** There is a grace period of 30 days for payment of the regularly scheduled premium.

**Conversion Coverage:** At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be allowed to enroll in an individual conversion health plan provided a conversion health plan is available to active employees. Please read your health plan benefits booklet or Summary Plan Description regarding any option for conversion coverage after the expiration of COBRA coverage. If there is an option for conversion to an individual policy, follow the instructions provided to apply for the coverage, as it would be separate coverage, and would not simply be an extension of COBRA coverage.

### If You Have Questions

This notice does not fully describe continuation coverage or other rights under the Plan. More complete information regarding such rights is available from the plan contact identified below and throughout the summary plan description. Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under Employee Retirement Income

## Legal Notices

Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (PPACA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### COBRA contact information

If you have any questions about your rights to COBRA continuation coverage, you should contact:

**UnitedHealthcare**  
P.O. Box 221709  
Louisville, KY 40262

**Customer Care Center**  
Toll Free: (877) 237-8576  
email : [cobra\\_kyoperations@uhc.com](mailto:cobra_kyoperations@uhc.com)  
[www.uhcservices.com](http://www.uhcservices.com)

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

**Special Enrollments:** If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance or group health plan coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of such an event.

**Obtaining Additional Information:** If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at 312-353-0900.

If you have questions about this notice, please contact your Plan Administrator listed below:

**State of Ohio**  
Department of Administrative Services  
Benefits Administration Services  
Medical Plan Benefits Manager  
30 E. Broad St., 27th Floor  
Columbus, Ohio 43215  
(800) 409-1205 (option 2)

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998: NOTICE OF RIGHTS

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The terms of WHCRA provide:

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

1. all stages of reconstruction of the breast on which the mastectomy has been performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. prostheses and physical complications of all stages of mastectomy, including lymphedemas;

in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

If you have any questions about the State of Ohio's plans provisions relating to the Women's Health and Breast Cancer Rights Act of 1998, contact HR Customer Service at 614-466-8857 (option 2) or 800-409-1205 (option 2).

### NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under the provisions of The Women's and Newborns' Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal



## Legal Notices

law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### PATIENT PROTECTION

The Ohio Med PPO generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please see the contact numbers for Aetna, Anthem and Medical Mutual below.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, Anthem or Medical Mutual or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna, 800-949-3104; Anthem, 844-891-8359; or Medical Mutual, 800-822-1152.

### CREDITABLE COVERAGE DISCLOSURE:

#### Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all plan participants, expected to pay out as much as standard

Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current State Of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to: [das.ohio.gov/prescriptiondrug](https://das.ohio.gov/prescriptiondrug) for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during Open Enrollment.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For more information about this notice or your current subscription prescription drug coverage...

Contact the person listed below for further information at 800-409-1205 (option 2).

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and

## Legal Notices

*if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.*

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit: [medicare.gov](http://medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at: [socialsecurity.gov](http://socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

July 1, 2016

**State of Ohio**

Ohio Department of Administrative Services  
Benefits Administration Services  
Prescription Drug Benefits Manager  
30 E. Broad St., 27th Floor  
Columbus, OH 43215  
800-409-1205 (option 2)



## Glossary

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When reviewing information about your health care coverage options, it is helpful to understand some of the basic terms and concepts.

**Benefit Year/Plan Year:** The 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

**Biometric Screening:** A private screening with a health professional that provides a snapshot of your health. The screening includes cholesterol (total), HDL, LDL, blood glucose, blood pressure, height, weight and waist circumference.

**Change in Status/Qualifying Event:** A change in your life that allows you to enroll or make an adjustment to your existing coverage. Examples include marriage, divorce, birth of a child or a change in job status for you or a dependent.

**Coinsurance:** The percentage of eligible expenses that the health care plan pays after the annual deductible is met. For example, an 80 percent coinsurance rate means you pay 20 percent and the plan pays 80 percent.

**Copay:** A specified dollar amount you pay to a health care provider or pharmacy for eligible expenses such as office visits and prescriptions. Copays do not count toward your annual deductible.

**Covered Person:** The employee, the employee's spouse and/or dependent children who are eligible and enrolled under your health care plan.

**Covered Services:** Those services and supplies provided for the purpose of preventing, diagnosing or treating a medical condition, behavioral disorder, psychological injury or substance use addiction for which the plan will provide benefits.

**Deductible:** The amount you pay for eligible expenses each plan year before the plan begins to pay anything. This does not apply to preventive services covered at 100 percent.

**Eligible Expense:** The maximum amount on which payment is based for covered health care services. You may be required to pay a percentage of Eligible Expenses in the form of Coinsurance.

**Employee Share or Contribution:** The portion of the total premium that you pay through pre-tax payroll deductions for your coverage.

**Exempt Employee:** An appointment to a position not represented by a labor union. Employees are usually exempt from union representation because they are supervisors, in positions of a confidential or fiduciary nature or not in permanent appointments.

**Flexible Spending Accounts (FSA):** A type of savings account that provides the account holder with specific tax advantages. The account allows employees to contribute a portion of his or her regular earnings to pay for qualified expenses, such as for medical or dependent care. The two types of FSAs are health care spending accounts and dependent care spending accounts.

**Out-of-pocket Maximum:** The cap or maximum amount you pay for eligible out-of-pocket health care expenses during the plan year. After your out-of-pocket expenses reach the maximum, the plan pays 100 percent of any additional eligible expenses for the remainder of the plan year. There is a separate out-of-pocket maximum for prescription drugs.

**Patient Protection and Affordable Care Act (also known as the Affordable Care Act or PPACA or simply ACA):** The health reform legislation passed by Congress and signed into law in March 2010 by the president of the United States.

**Preferred Provider Organization (PPO):** A PPO is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the benefit is greater when you use network providers, but less when you use providers who are not part of the network.

**State Share or Contribution:** The portion of the total premium the State of Ohio pays to provide its employees with coverage.

**Summary of Benefits and Coverage (SBC):** A requirement of the Patient Protection and Affordable Care Act, the SBC is a concise four-page document that details simple and consistent information about health plan benefits and coverage. It will help you understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For full details, visit [das.ohio.gov/benefits](http://das.ohio.gov/benefits). The SBC is listed along the right navigation pane under the Publications and Notices section.

**Third-Party Administrator (TPA):** An organization or company that processes claims and other aspects of employee benefits plans on behalf of an employer. For example, Aetna, Anthem and Medical Mutual will be the third-party administrators of the Ohio Med PPO beginning July 1, 2016.

**Total Premium:** The combination of the employee contribution and the state contribution.

**Union-Represented Employee:** Also known as a Bargaining Unit Employee, is represented by a labor union and covered by the terms of a collective bargaining agreement.

**Well-Being 5 Survey:** A confidential questionnaire that assesses your physical, emotional, financial and social health and how your lifestyle habits affect your overall well-being.

**Well-Being Plan:** A personalized summary of your overall well-being that offers personalized steps and recommendations.

# Save the Dates

## 2016

### May

- Open Enrollment begins May 2
- Open Enrollment ends May 13

### June

- "Training Camp" Fitness Challenge ends June 12
- Benefit year ends June 30

### July

- New benefit year begins July 1

### October

- Flexible Spending Accounts Open Enrollment begins Oct. 17
- Flexible Spending Accounts Open Enrollment ends Oct. 28

### November

- Great American Smokeout – Nov. 17

### December

- Use your remaining Flexible Spending Accounts money by Dec. 31

## 2017

### January

- New Flexible Spending Accounts plan year begins Jan. 1

### February

- National Wear Red Day – Feb. 3

### March

- 2016 Flexible Spending Accounts claims deadline – March 31





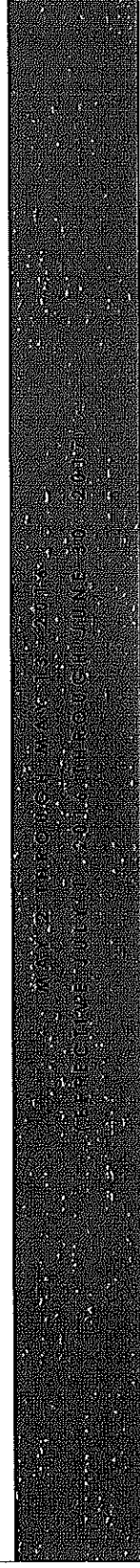
Ohio Department of Administrative Services  
Human Resources Division  
30 E. Broad St., 28th Floor  
Columbus, Ohio 43215

# 2016 OPEN ENROLLMENT MAY 2-13



OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES + THE JOINT HEALTH CARE COMMITTEE

# OPEN ENROLLMENT 2016





# OHIO MED PPO PLAN

□ Three administrators will manage the Ohio Med PPO plan

- Aetna (AT)
- Anthem (AM)
- Medical Mutual (A1)
- The rate will be the same for all administrators
- Employees will automatically be assigned to the correct administrator
- All employees will receive new ID cards

# IMPORTANT ADMINISTRATOR HIGHLIGHTS

- ❑ Employee contributions- 'Family w/Spouse', 'Family w/o Spouse', and 'Single' rates will be the same with all administrators
- ❑ Major benefit levels- Co-pays, deductibles, and out-of-pocket maximums will be the same with all administrators

# MEDICAL RATES

☐ Rates are increasing

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS					
	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS <sup>1</sup>			FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS <sup>1</sup>	
	Employee Share	Spouse Share	Total	Employee Share	Spouse Share
Single	\$40.90	\$230.68	\$271.58	\$88.62	\$499.83
Family Minus Spouse	\$111.92	\$633.12	\$745.04	\$242.49	\$1,371.75
Family Plus Spouse <sup>2</sup>	\$172.09	\$633.12	\$750.81	\$254.99	\$1,371.75

<sup>1</sup> These rates represent the total amount that will be deducted from your paycheck.  
<sup>2</sup> Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS					
	PART-TIME BIWEEKLY DEDUCTIONS <sup>1</sup> 50% TIER			PART-TIME BIWEEKLY DEDUCTIONS <sup>1</sup> 10% TIER	
	Employee Share	Spouse Share	Total	Employee Share	Spouse Share
Single	\$135.79	\$135.79	\$271.58	\$271.58	\$0.00
Family Minus Spouse	\$372.52	\$372.52	\$745.04	\$745.04	\$0.00
Family Plus Spouse <sup>2</sup>	\$378.29	\$372.52	\$750.81	\$750.81	\$0.00

<sup>1</sup> These rates represent the total amount that will be deducted from your paycheck.  
<sup>2</sup> Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

# DEPENDENT ELIGIBILITY

☐ Dependents may receive medical coverage up to age 26

- No student requirements
- Dependents may be married
- No financial or residency requirements for step children

☐ HB1 dependents are no longer eligible for medical coverage

# OPTUM RX PRESCRIPTION COVERAGE

## ☐ ID Cards

- All employees will receive new prescription cards from OptumRx

## ☐ Specialty medications

- Specialty medications for serious medical conditions must be obtained from Brivo Specialty Pharmacy.

## ☐ Preventative medications

- Certain preventative medications are required to be covered at no charge. All of these require a prescription and may have certain quantity and/or age restrictions.

# BEHAVIORAL HEALTH

- ❑ Coverage is administered by Optum Behavioral Solutions
  - The plan provides 24-hours-a-day, seven-days-a-week phone assessment and referral services.
- ❑ All employees and dependents enrolled in the state's medical plan are eligible for behavioral health coverage
  - Participants can visit any provider, but will pay more for out-of-network providers and facilities.



# DENTAL AND VISION

- ☐ Only one dental and vision plan offered
  - Delta Dental PPO
  - Vision Service Plan (VSP)
- ☐ Dependent eligibility for dental and vision coverage is NOT the same as medical
  - Dependent children are eligible up to age 23
  - Student certification is required
- ☐ You do not have to be enrolled in medical coverage to enroll in dental and vision coverage

# TAKE CHARGE! LIVE WELL!

## □ Wellness program

- Well-being assessment
- Biometric screening

## □ Assistance programs

- Weight loss management
- Tobacco management
- Diabetes management

## SUPPLEMENTAL LIFE INSURANCE

- ☐ You can purchase coverage during the open enrollment period to supplement the basic life insurance coverage the state provides.
- ☐ Supplemental life insurance is administered by Minnesota Life Insurance Company and may be purchased through payroll deduction.
- ☐ Dependents may be covered until their 26<sup>th</sup> birthday.

# OPEN ENROLLMENT WEBSITE

□DAS has provided detailed information on their website for the 2016 Open Enrollment. Please click on the link below to access the site:

<http://www.das.ohio.gov/OpenEnrollment>

# QUESTIONS?

❑ If you have additional questions regarding your benefits, contact Jason Parsons at 466-4308.

**Subject:** Emailing: HB 299 Bill Brief, HB 466 (Smith) - Bill Briefing, HB 410 Bill Brief, HB 429 Bill Brief, Sub SB 75 - AgriTourism bill briefing, House Bill 512 - Copy, HB 463 Bill Briefing, Bill Briefing (SB 152 - Uecker), House Bill 483one  
**Attachments:** HB 299 Bill Brief.docx; HB 466 (Smith) - Bill Briefing.docx; HB 410 Bill Brief.docx; HB 429 Bill Brief.docx; Sub SB 75 - AgriTourism bill briefing.docx; House Bill 512 - Copy.docx; HB 463 Bill Briefing.docx; Bill Briefing (SB 152 - Uecker).docx; House Bill 483one.docx

**Follow Up Flag:** Follow up

**Flag Status:** Completed

So I sent you a ton of stuff, and I'm waiting on HB505 from Kelly. Also waiting on a Schuring document.

The order will be as follows:

Schuring document  
HB299  
Bill Briefing (SB 152 - Uecker)  
HB 466 (Smith)  
HB 410  
HB 429  
Sub SB 75  
HB 463  
House Bill 483one  
House Bill 512  
HB505

**Note:** To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

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**SUB. H.B. 299 (BLESSING AND REZABEK)**  
**Autism Scholarship-custodian of qualified child may apply for**

**House Co-Sponsors:** Butler, Terhar, Dever, Brenner, Bishoff, LaTourette,  
Grossman, Huffman, Schaffer, Amstutz, Anielski,  
Ashford, Baker, Barnes, Boyce, Boyd, Brown, Buchy,  
Burkley, Conditt, Craig, Driehaus, Duffey, Green, Hackett,  
Hall, Hambley, Hayes, Henne, Hill, Johnson, G., Johnson, T.,  
Kuhns, Kunze, Maag, Manning, O'Brien, M., O'Brien, S., Patmon,  
Pelanda, Perales, Reece, Reineke, Rogers, Ruhl, Ryan, Scherer,  
Schuring, Sheehy, Slesnick, Sprague, Stinziano, Strahorn,  
Sweeney, Sykes, Thompson  
**Senate Co-Sponsors:** Hite, Bacon, Balderson, Brown, Coley, Eklund, Jones, LaRose,  
Lehner, Obhof, Oeslager, Patton, Peterson, Seitz,  
Thomas

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**Bill History**

- 8/11/2015 – Introduced
- 11/12/2015 – Reported (13-1) from House Education Committee (2<sup>nd</sup> Hearing)
- 12/8/2015 – House Floor Vote: 92-0
- 1/202016 – Senate Education Committee
- 4/19/2016 – Reported unanimously (13-0) from the Senate Education Committee
- 4/27/2016 – Senate Floor Vote: 32-0

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• John Solomon (Step by Step Academy)</li><li>• Jason Warner (School Choice Ohio)</li><li>• Wendy Hamilton (Out of the Box Behavioral Solutions)</li><li>• Tara De Mello (Public Children Services Associates-Ohio)</li><li>• Marla Root (Step by Step Academy)</li><li>• Kaleigh Lemaster (School Choice Ohio)</li><li>• Cheryl Chambers</li></ul>		

## **Key Provisions**

### **Autism Scholarship Program**

- Permits the temporary, legal, or permanent custodian of an identified autistic child, when the custodian is not the natural or adoptive parent of the child or a government agency, to apply for an Autism Scholarship for the child

### **Graduation and testing requirements for nonpublic school students**

- Qualifies for a high school diploma a student who is enrolled in a chartered nonpublic school that is accredited through the Independent Schools Association of the Central States (ISACS) and who is attending the school under a state scholarship program, if the student attains a prescribed score on an alternative assessment approved by the Department of Education
- Permits such a student to take an alternative assessment in lieu of the requirement to take a nationally standardized assessment that measures college and career readiness and the seven end-of-course exams

## **Additional Information**

- **AM1992x1**: An amendment was accepted in the Senate on April 19, 2016
  - Qualifies for a high school diploma a student who is enrolled in a chartered nonpublic school that is accredited through the Independent Schools Association of the Central States (ISACS) and who is attending the school under a state scholarship program, if the student attains a prescribed score on an alternative assessment approved by the Department of Education
  - Permits such a student to take an alternative assessment in lieu of the requirement to take a nationally standardized assessment that measures college and career readiness and the seven end-of-course exams
- **Policy Advisor**: Nick Derksen, 614.466.2361 (Office); 937.602.2174 (Cell); [nick.derksen@ohiohouse.gov](mailto:nick.derksen@ohiohouse.gov)

**H.B. 466 (SMITH, R.)**  
**Sales tax-exempt digital advertising services**

**House Co-Sponsors:** Dever, Hambley, Rogers, Schaffer

**Senate Co-Sponsors:** n/a

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**Bill History**

- 2/16/2016 – Introduced
- 4/3/2016 – Reported (19-0) by House Ways & Means (2 hearings)

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• Joe Cannon (Ohio Automobile Dealers Association)</li><li>• Tony Ehler (Vorys law firm tax attorney representing OADA and Ohio Association of Broadcasters)</li><li>• Dennis Hetzel (Ohio Newspaper Association)</li><li>• Ohio Association of Broadcasters (written testimony)</li><li>• Ohio Chamber of Commerce (written testimony)</li></ul>	<ul style="list-style-type: none"><li>• <i>No witnesses have testified</i></li></ul>	<ul style="list-style-type: none"><li>• Greg Saul (Ohio Society of CPAs)</li></ul>

**Key Provisions (Excerpted from LSC Bill Analysis as Introduced)**

- Specifically exempts from sales and use tax digital advertising services and certain taxable electronic services that might be provided incidentally to digital advertising services.

**Additional Information**

- **Amendments accepted in committee:** none
- **Policy Advisor:** Heather Blessing, 614.466.9194 (Office); 614.352.5819 (Cell); [heather.blessing@ohiohouse.gov](mailto:heather.blessing@ohiohouse.gov)

**SUB. H.B. 410 (HAYES, REZABEK)**

**With regard to habitual and chronic truancy and compulsory school attendance**

**House Co-Sponsors: Brenner, Blessing, Henne, Manning, Patmon**

**Senate Co-Sponsors: N/A**

**Bill History**

- 12/9/2015 - Introduced
- 2/23/2016 -- Reported as a substitute bill (15-1) (*No-Patterson*) from House Education Committee (4<sup>th</sup> Hearing)
- 5/4/2016 -- Pending House Floor Vote

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> <li>• Erin Davies (Juvenile Justice Coalition)</li> <li>• Michael Corey (Children's Defense Fund)</li> <li>• Gabriella Celeste (CWRU Schubert Center for Child Studies)</li> <li>• Sarah Bryer (National Juvenile Justice Network)</li> <li>• Angela Lee (Easter Seals Ohio)</li> <li>• Amari Gwinn</li> <li>• Megan Farley (Clark County Prosecutor's Office)</li> <li>• Michael Corey (Children's Defense Fund-Ohio)</li> <li>• Chris Shamro (St. Vincent DePaul Society)</li> <li>• Wendy Tarr (Vincentian Ohio Action Network)</li> </ul>		<ul style="list-style-type: none"> <li>• Judge David Hejmanowski (Delaware County Probate Court/Juvenile Court)</li> <li>• David Romick (The Ohio 8 Coalition)</li> <li>• Adrian Allison (The Ohio 8 Coalition)</li> <li>• Melissa Cropper (Ohio Federation of Teachers)</li> <li>• Tom Ash (BASA)</li> <li>• Barbara Shaner (OASBO)</li> <li>• Damon Asbury (OSBA)</li> <li>• Lisa Wurm (ACLU of Ohio)</li> <li>• Scott DiMauro (Ohio Education Association)</li> </ul>

<ul style="list-style-type: none"><li>• Tandra Rutledge (Ohio PTA)</li><li>• Janet Hales (Ohio Poverty Law Center)</li></ul>		
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### **Key Provisions**

#### *Truancy levels*

- Changes the threshold for "habitual truancy" from a specified number of days to a specified number of hours
- Eliminates the term "chronic truant" and, instead, provides that a child of compulsory school age who has been adjudicated an habitual truant who violates the court order regarding that adjudication may be further adjudicated a "delinquent child"

#### *Prohibition on suspension or expulsion for truancy*

- Prohibits a school district or school from suspending, expelling, or removing a student from school solely on the basis of a student's unexcused absences and removes "excessive truancy" from the specifications for a school district's zero tolerance policy for violent, disruptive, or inappropriate behavior

#### *District and school policies on addressing truancy*

- Modifies the components of the required policy on addressing and ameliorating student absences and requires the establishment of an absence intervention team for each student who is absent from school for a number of days that exceeds the threshold for an habitual truant
- Requires the attendance officer to notify a student's parent, guardian, or custodian in the event the student is absent with or without legitimate excuse for 38 or more hours in one school month or 65 hours in a school year
- Requires each absence intervention plan to state that the attendance officer must file a complaint not later than 60 days after the date the plan was developed, if the child has refused to participate in, or failed to make satisfactory progress on, the intervention plan or an alternative to adjudication

- Requires a school district or school to (1) make at least three meaningful, good faith attempts to secure participation of the student's parent, guardian, custodian, guardian ad litem, or temporary custodian within the seven school days allotted to forming an absence intervention team and (2) investigate whether failure to respond to those attempts triggers mandatory reporting to child protective services
- Requires each school district and school to report to the Department of Education the occurrence of certain triggering events with respect to a student's absences, including whenever a child has received enough unexcused absences that the child is considered an habitual truant
- With specified exceptions, generally requires a complaint to be filed in juvenile court against a student (and against any person who fails to cause the child's attendance at school) on the 61st day after the implementation of an absence intervention plan, provided that the school district made meaningful attempts to reengage the student and the student refused to participate or failed to make satisfactory progress, as determined by the team

#### *Juvenile court complaints*

- Requires the juvenile court, upon the filing of a complaint that a child is unruly based on the child's habitual truancy, to consider an alternative to adjudication and provides that the court must consider the complaint only as a matter of last resort
- Requires the juvenile court to provide notice of any adjudication of an unruly child for being an habitual truant or adjudication of a delinquent child for violating a court order regarding the child's adjudication as an unruly child for being an habitual truant to the school district and school in which the child was enrolled at the time of filing the complaint
- Requires the juvenile court, when submitting its annual report, to specify the number of children placed in alternatives to adjudication, the number who successfully complete those programs, and the number who fail to complete those programs and were therefore adjudicated unruly

#### *State Board of Education model policy on absence intervention*

- Requires the State Board of Education to develop a model policy for violent, disruptive, or inappropriate behavior, including excessive absences, that stresses preventative strategies and alternatives to suspension or expulsion, for use by schools in complying with the modified requirements



*Consequences for failure to send a child to school*

- Clarifies that the parent, guardian, or custodian of an adjudicated truant child must provide a surety bond in the sum of not more than \$500 as required by the court.
- Specifies that an act that contributes to an adjudication of a child as a delinquent child because of the violation of a court order with respect to truancy is a first degree misdemeanor.

*Affirmative defense*

- Permits the defendant of an habitual truancy complaint to assert as an affirmative defense the fact that the student did participate in or made satisfactory progress on the absence intervention plan or other alternatives to adjudication.

**Additional Information**

- **Substitute Bill (-3)**: A substitute bill was accepted in committee on February 16, 2016 that
  - Eliminates the term “chronic truant” and, instead, provides that a child of compulsory school age who has been adjudicated as an unruly child for being an habitual truant and who violates the court order regarding that adjudication may be further adjudicated a “delinquent child
  - Expressly prohibits any public school from suspending, expelling, or removing a student from school solely on the basis of the student’s absences from school without legitimate excuse.
  - Requires the juvenile court to consider an “alternative” to adjudication, including actions that constitute a method to divert the child from the juvenile court system, using the Rules of Juvenile Procedure, or by any other means if such an alternative is available to the court and the child has not already participated or failed to complete one of the available alternatives
  - Provides that “the court shall consider the complaint only as a matter of last resort”
  - Provides that, not later than ten days after a child is adjudicated a delinquent child for violating a court order regarding the child’s adjudication as an unruly child for being an habitual truant, the court must provide notice of that fact to the school district in which the child is entitled to attend school and to the school in which the child was enrolled at the time of the filing of the complaint

- For consequences for failure to send a child to school, the trigger is contributing to an adjudication of the child as a delinquent child, based on the child's violation of a court order adjudicating the child an unruly child for being an habitual truant
  - The surety bond is now in the sum of not more than \$500
  - Changes the effective date of school policies on absences to be adopted or amended for the 2017-2018 school year.
- **Substitute Bill (-4)**: A substitute bill was accepted in committee on April 20, 2016 that
    - Requires the superintendent or principal or chief administrator to select the members of an absence intervention team within seven school days of the triggering absence and requires at least three meaningful, good faith attempts to secure participation of the student's parent, guardian, custodian, guardian ad litem, or temporary custodian within that time period
    - Requires the school district to inform the parent of the parent's right to appear by designee if the student's parent responds to the attempts to secure participation, but is unable to participate for any reason
    - In the event the parent, guardian, custodian, guardian ad litem, or temporary custodian fails to respond, the bill now requires the school district to: (1) investigate whether the failure to respond triggers mandatory reporting to the public children's services agency for the county in which the child resides, and (2) instruct the absence intervention team to develop a plan for the child without the child's parent, guardian, custodian, guardian ad litem, or temporary custodian
    - In prosecuting a truancy complaint, clarifies that the prosecutor must prove beyond a reasonable doubt that a child is of compulsory school age and was absent without legitimate excuse for absence from the public school the child was supposed to attend for 30 or more consecutive hours, 42 or more hours in one school month, or 72 or more hours in a school year.
    - Permits the defendant of a habitual truancy complaint to assert as an affirmative defense the fact that the student did participate in or made satisfactory progress on the absence intervention plan or other alternatives to adjudication.
    - Removes a school district administrator and a teacher from the team and instead requires the team to include: (1) a representative from the child's school district or school, (2) another representative from the child's school district or school who knows the child, and (3) the child's parent (or parental designee, guardian, custodian, guardian ad litem, or temporary custodian
    - Changes the 30 day deadline in the (-3) version to 14 school days

- Specifies that each intervention plan must vary based on the individual needs of the student, but requires each plan to state that the attendance officer must file a complaint not later than 60 days after the date the plan was developed, if the child has refused to participate in, or failed to make satisfactory progress on, the intervention plan or an alternative to adjudication
- Requires, within seven days after the development of the plan, the school district or school to make reasonable efforts to provide the student's parent, guardian, custodian, guardian ad litem, or temporary custodian with written notice of the plan
- Report of instances of truancy, notice to parent, and absence intervention team implementation will begin with the 2017-2018 school year
- Removed (-3) version relating to an attendance officer duty to file a complaint, and instead requires the attendance officer to file a complaint in juvenile court against a student on the 61st day after the implementation of an absence intervention plan, provided that all of the following apply:
  - (1) The student was absent without legitimate excuse from the public school the child is supposed to attend for 30 or more consecutive hours, 42 or more hours in one school month, or 72 or more hours in a school year;
  - (2) The school district or school has made meaningful attempts to reengage the student through the absence intervention plan and any offered alternatives to adjudication
  - (3) The student has refused to participate in or failed to make satisfactory progress on the plan, as determined by the absence intervention team, or any offered alternative to adjudication
- Requires the attendance officer to immediately file a complaint (and suspend the 60-day requirement described above) against a student who, at any time during the implementation phase of the absence intervention plan, is absent without legitimate excuse 30 or more consecutive hours or 42 or more hours in one school month.
- Permits the school district, in its discretion, to extend the implementation of the plan and delay the filing of the complaint for an additional 30 days from the first day of the instruction of the next school year in the event that the 61st day after the implementation of the absence intervention plan falls on a day during the summer months
- In the event that a student becomes habitually truant within 21 school days prior to the last day of instruction of a school year, permits the school district or school to either (1) assign one school official to work with the child's parent, guardian, custodian, guardian ad litem, or temporary custodian to develop an absence intervention plan during the summer, or (2) toll the time periods to accommodate the summer months

- and reconvene the absence intervention process upon the first day of instruction of the next school year
  - Specifies that if the school district or school chooses to develop a plan during the summer, the plan shall be implemented not later than seven days prior to the first day of instruction of the next school year
  - Requires, upon the failure of the parent, guardian, or other person having care of the child to cause the child's attendance at school, and where the child is considered an habitual truant, the board of education to, file a complaint jointly against the child and the parent, guardian, or other person having care of the child, in accordance with the same timelines and conditions with which an attendance officer is required to comply as described above
- **AM2054**: An amendment was accepted by the committee on April 20, 2016 that would give the school district some discretion to the school attendance officer by stipulating that he/she does not have to file a complaint if the team determines that substantial progress has been made on the intervention plan.
  - **Policy Advisor**: Nick Derksen, 614.466.2361 (Office); 937.602.2174 (Cell); [nick.derksen@ohiohouse.gov](mailto:nick.derksen@ohiohouse.gov); Scott Lundregan, 614.466.1460; [scott.lundregan@ohiohouse.gov](mailto:scott.lundregan@ohiohouse.gov)

**AM. H.B. 429 (ANTANI, REINEKE)**  
**Incumbent Workforce Training Voucher Program – employers - automotive technicians**

**House Co-Sponsors: Duffey, Hackett, Young, Grossman, Baker, Barnes**  
**Senate Co-Sponsors: N/A**

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**Bill History**

- 1/13/2016 – Introduced
- 2/24/2016 – Reported unanimously (12-0) as amended from the Economic and Workforce Development Committee (3<sup>rd</sup> Hearing)
- 4/20/2016 – Informally passed and retained on the House Calendar and re-referred to the House Rules and Reference Committee
- 4/26/2016 – Reported (11-0) as amended from the Rules and Reference Committee.  
(1<sup>st</sup> Hearing)
- 5/4/2016 – Pending House Floor Vote

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• James Chilcoat (Automotive Service Association of Ohio)</li><li>• John Marshall (Grismer Tire, Ohio Tire, &amp; Automotive Association)</li><li>• Joe Cannon (Ohio Auto Dealers Association)</li><li>• Bill Garling (United Equipment Dealers Association)</li><li>• Dean DeRolph (Kumler Collision and Automotive, Inc.)</li><li>• Jack Hershey (Ohio Association of Community Colleges)</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>

### **Key Provisions**

- Requires an automotive technician or a motor vehicle technician to be an eligible employee under the Ohio Incumbent Workforce Training Voucher Program if the technician satisfies other Program requirements.
- Makes an employer of an automotive technician or a motor vehicle technician an eligible employer under the Program if other requirements for participation are satisfied.

### **Additional Information**

- **AM1833:** The committee accepted an amendment on February 24, 2016:
  - Declared an emergency to allow this bill to take effect immediately for FY2017.
- **AM2111:** The Rules and Reference committee accepted an amendment on April 26, 2016:
  - Removed the Emergency Clause from the bill.
- **Policy Advisor:** Nick Derksen, 614.466.2361 (Office); 937.602.2174 (Cell); , [nick.derksen@ohiohouse.gov](mailto:nick.derksen@ohiohouse.gov)

**SUB. S.B. 75 (JONES/PETERSON)**  
**Agritourism**

Senate Co-Sponsors: Gardner, Beagle, Balderson, LaRose, Manning, Eklund, Patton, Cafaro, Gentile, Coley, Bacon, Brown, Burke, Faber, Hite, Hottinger, Hughes, Jordan, Lehner, Obhof, Schiavoni, Tavares, Thomas

House Co-Sponsors: Hill, Burkley, Patterson, Boose, Buchy, Cera, Hagan, Koehler, LaTourette, O'Brien, S., Phillips, Retherford, Rezabek, Ruhl, Schaffer

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**Bill History**

- 10/22/15 – Senate Civil Justice (4 hearings) (9-1)
- 11/17/15 – Senate Floor Vote (30-1)
- 5/3/16 – House Agriculture & Rural Development Committee (2 hearings) (18-0)
- 5/4/16 – House Floor Vote Scheduled

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• Brandon Kern – Ohio Farm Bureau</li><li>• William Cackler – Cackler Farms</li></ul>		

**Key Provisions**

- States that an agritourism provider generally is immune from liability in a civil action for any harm a participant sustains during an agritourism activity if the participant is harmed as a result of a risk inherent in an agritourism activity, and defines those terms.
- Specifies circumstances when an agritourism provider is not immune from liability in a civil action.
- Requires an agritourism provider to post and maintain signs that contain a specified warning notice.
- Generally states that county and township zoning laws confer no authority to prohibit the use of any land for agritourism, but allows a board of county commissioners or a board of township trustees to regulate certain factors pertaining to agritourism such as size of parking areas and egress or ingress.

- Specifies that the existence of agritourism on a tract, lot, or parcel of land that otherwise meets the definition of "land devoted exclusively to agricultural use" does not disqualify that tract, lot, or parcel from valuation under the statutes that govern current agricultural use valuation of real property.

**Additional Information**

- **Policy Advisor:** Lisa Griffin, 614-387-1398; [lisa.griffin@ohiohouse.gov](mailto:lisa.griffin@ohiohouse.gov)



## **House Bill 512 - 2016 EPA Policy Update**

### *Expedite Public Notice of Lead Contamination in Drinking Water*

- Laboratories are required to finalize the water-quality test results in 30 days and provide the results to the water system operator and Ohio EPA by the end of the next business day following sample analysis.
- Public water systems must notify the volunteer homeowners who have their water sampled of their test results within two business days (the current requirement is 30 days).
- If the federal action level for lead is exceeded, public water systems are required to complete a system-wide notification within two business days and then complete a more in-depth public education in 30 days (the current requirement is 60 days).
- Ohio EPA will intervene to notify the homeowners and provide system-wide notification if the public water system fails to meet either of the new timeframes and will impose an administrative penalty on the noncompliant water system.

### *Provide Financial Assistance to Communities and Schools to Fight Lead*

- Communities
  - Ohio EPA, through the drinking water revolving loan fund program will provide funds to conduct corrosion control studies and identify lead service lines. In addition, the loan funds can be used to replace lead service lines and fund capital infrastructure improvement projects at water treatment plants.
  - Ohio Public Works Commission through the district Public Works Integrating Committees will offer grants and loan assistance to replace lead service lines.
- Schools
  - Ohio Water Development Authority will have funds available for public schools to identify sources of lead in drinking water from outdated fixtures;

- Ohio Facilities Construction Commission will have funds available for private schools to identify sources of lead and will provide the funding to public and private schools to replace the outdated water fountains and water service fixtures.

In addition, the proposed legislation will also address the following issues:

- The “lead free” definition will be lowered from 8 percent to .25 percent. This change, which conforms to federal law, will reduce the amount of allowable lead in new plumbing and construction.
- Ohio EPA Director will have the authority to set water testing requirements for a water system based on the age of its water infrastructure and if the system has an active corrosion control program.
- A corrosion control study will be required whenever a water system changes its water source, makes substantial renovations / repairs or experiences a situation that may impact the quality or corrosiveness of water in the system.
- The Ohio EPA revolving loan programs will be updated with the changes to the Federal Water Resources Reform and Development Act. These changes will help counties and municipalities by extending the loan repayment terms from 20 years to 45 years and it will allow communities to structure their repayments unequally to help solve cash flow problems.

## H.B. 463 (DEVER) Foreclosure actions-revise relevant laws

**House Co-Sponsors: Becker, Bocchieri, Hambley, Perales, Sprague**

### Bill History

- 4/27/2016 – House Financial Institutions, Housing, and Urban Development Committee (4 Hearings) (12-0)
- House Floor Vote (*pending*)

### Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> <li>• Jessica Powell (<i>City of Cincinnati</i>)</li> <li>• Marc Dann (<i>Families for Foreclosure Fairness</i>)</li> <li>• Danny Crank (<i>Ohio Recorders Association</i>)</li> <li>• Melissa Messina (<i>Franklin County Treasurer</i>)</li> <li>• Tim Williams (<i>Ohio Manufactured Homes Association</i>)</li> <li>• Dustin Holfinger (<i>Ohio Bankers League</i>)</li> <li>• Tony Fiore (<i>Keglor, Brown, Hill, and Ritter</i>)</li> <li>• Marianne Collins (<i>Ohio Mortgage Bankers Association</i>)</li> <li>• Jeff Ferriell (<i>Capital University Law Professor</i>)</li> <li>• Steven Buchenroth (<i>Ohio State Bar Association</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Sally Martin (<i>City of South Euclid</i>)</li> <li>• Lindsay Gardiner (<i>Greater Ohio Policy Center</i>)</li> <li>• Marta Mudri (<i>Ohio Judicial Conference</i>)</li> </ul>

### Key Provisions

- Allows a mortgagee to bring an expedited foreclosure action against vacant and abandoned residential property.
- Enables a court to deem foreclosed residential properties vacant and abandoned when the mortgagor is in monetary default on the mortgage and certain conditions apply.
- Provides judicial and sale procedures for vacant and abandoned property.
- Authorizes a mortgagee of a residential property that has been found to be vacant and abandoned to enter and secure the property.

- Authorizes a mortgagee who has not yet filed a mortgage foreclosure action to enter and secure the residential property only if the mortgage contract or other documents provide for the entry.
- Extinguishes an owner's right to redemption of a mortgage on residential property found to be vacant and abandoned upon the confirmation of the sale of the property.
- Creates the official public sheriff sale website to sell property subject to foreclosure sales.
- Requires judicial sales of residential property to be conducted through the website and permits judicial sales of commercial property to be conducted through the website.
- Requires the Department of Administrative Services to solicit competitive sealed proposals for the creation, operation, and maintenance of the website.
- Requires the website to meet specified minimum standards.
- Requires the website to be integrated with an auction management system.
- Establishes the standards for determining the license fee for the website.
- Establishes registration and bidding procedures for sales conducted through the website.
- Establishes the procedures for the sheriff or private selling officer to postpone, cancel, and void sales on the website.
- Permits counties to enter into shared services agreements relating to judicial sales on the website.
- Authorizes a private selling officer to conduct foreclosure sales and establishes procedures relating to those sales.
- Permits a judgement creditor in a foreclosure action to file a motion with the court requesting a specified private selling officer to sell the real property.
- Permits a private selling officer to, market the real property subject to the foreclosure sale, execute a deed of conveyance of the real property sold at the foreclosure sale, and record the deed conveying title to the real property sold at the foreclosure sale.
- Requires the private selling officer that conducts a sale to file a report with the court that issued the sale and to hire a title insurance agent or title insurance company to perform title, escrow, and closing services.
- Establishes a statutory form that may be used as the private selling officer's deed.
- Establishes remote bidding procedures for physical location sales and website sales.
- Establishes new procedures for appraisal of property.
- Increases the penalty fee from 50¢ to \$50 for a freeholder who fails appraisal duties.
- Establishes new procedures for judicial sales of residential properties subsequent to the first sale attempt.
- Requires the purchaser of a property at a judicial sale, other than a purchaser who is the judgment creditor, to deposit a specified amount with the sheriff or private selling officer at the time of the sale.
- Permits a court, upon motion, to return a purchaser's deposit, less the costs of a subsequent sale, when a person fails to timely pay the balance due on the purchase price of a property sold at judicial sale.
- Holds a purchaser of property at a judicial foreclosure sale responsible for the payment of any and all taxes and assessments, and any penalties and interest on those taxes and assessments, the lien for which attaches before the sale but are not yet determined.
- Removes the requirement that a county treasurer estimate the amount of costs that should be discharged out of the proceeds from a judicial tax foreclosure sale, a sale as a result of a partition action, and a sale by an executor, guardian, or trustee and related procedures.

- Requires the sheriff or private selling officer to record the deed of a property sold at a judicial sale within a certain time period and provides that if the deed is not recorded within that time period, the purchaser may file a motion with the court to proceed with the transfer of title.
- Grants the judgment creditor and the first lienholder a right of redemption under certain circumstances.
- Requires additional information to be included in the notice and advertisement of judicial sales.
- Requires additional information for purchaser's identifying information and requires an entity that purchases information at a foreclosure sale to submit identifying information.
- Provides that an owner who knowingly and with the purpose to diminish the value or enjoyment of the residential property moves, defaces, damages, or otherwise improperly tampers with the person's own residential property is guilty of criminal mischief if the property is the subject of a foreclosure action.
- Requires all officers appointed or authorized by a court to conduct a foreclosure sale of certain residential properties to submit quarterly reports to the Attorney General.
- Requires the Attorney General to establish and maintain a public database containing information submitted in the reports.
- Prohibits a clerk from restricting, prohibiting, or modifying the rights of parties seeking service on party defendants.
- Modifies one of the three conditions that must be satisfied for a person to enforce a lost instrument under Ohio Commercial Paper Law.
- Permits private selling officers to conduct tax certificate foreclosure sales.
- Establishes sale procedures conducted online.
- Authorizes private selling officers to carry out specified actions in order to sell the foreclosed property and execute a new deed.
- Specifies the amount that is considered reasonable for attorney, private selling officer, and title agent and title insurance company fees charged as costs against property.
- Requires auctioneers who are not private selling officers who conduct judicial sales to be Ohio residents.

#### **Additional Information**

- **Amendments accepted in committee:**

*AM2119X1*

*AM2087X3(Manning)*

- States that county expenses includes online credit card payments made through the official public sheriff sale web site
- Changes the date on which taxes and penalties shift from the previous owner to the purchaser of real property at a judicial sale from the "time the deed is transferred" to the date of "sale or election"
- Clarifying changes regarding distribution of sale proceeds to satisfy existing liens
- States that the officer who conducts a sale shall not deduct taxes, interest, or assessments that attach prior to the sale date but are not yet determined from the proceeds of a sale without approval from the purchaser
- States that if the proceeds of a sale are insufficient to pay outstanding taxes, assessments, interest, or penalties, they continue to be a lien on the property

- States that a treasurer may, as opposed to shall, estimate the amount of taxes, assessments, penalties, and interest on a lien that have attached but are not yet determined during a judicial sale

*AM2102(Hambley)*

- Allows a local municipality or county prosecutor to make a motion to the court to force the judicial sale of a property 12 months, instead of 18 months, after the court issued a judgment of foreclosure if the plaintiff still has not filed a motion to force the sale
- **Policy Advisor:** Steven Alexander, 614-466-0891, [steven.alexander@ohiohouse.gov](mailto:steven.alexander@ohiohouse.gov)

**AM S.B. 152 (UECKER)**

**Public improvements-remove local hiring restriction**

**Senate Co-Sponsors: Seitz, Jones, Hottinger, Jordan, Lehner, Coley, Eklund, Oelslager**

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**Bill History**

- 4/29/15 – Introduced
- 6/24/15 – Reported by Senate Government Oversight and Reform Committee (3 Hearings), (9-3, party line)
- 6/25/15 – Senate Floor Vote (21-11)
- 5/3/16 – Reported by House State Government Committee (6 Hearings), (9-3, party line)
- House Floor Vote Pending

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Don Mader (American Council of Engineering Companies of Ohio)</li><li>• Terry Phillips (Allied Construction Industries)</li><li>• Bryan Williams (Associated Builders and Contractors of Ohio)</li><li>• Tim Shreves (Greater Cleveland Chapter of the National Electrical Contractors Association)</li><li>• Chris Runyan (Ohio Contractors Association)</li><li>• Andrea Ashley (Associated General Contractors of Ohio)</li><li>• Mark Totman (International Union of Operating Engineers)</li></ul>	<ul style="list-style-type: none"><li>• Martin McGann (Greater Cleveland Partnership)</li><li>• Chris Sinagra (Construction Employers Association)</li></ul>	<ul style="list-style-type: none"><li>• Greg Lawson (Buckeye Institute)</li></ul>

<ul style="list-style-type: none"><li>• Partick Jacomet (Ohio Aggregates &amp; Industrial Minerals Association)</li><li>• Chris Ferruso (NFIB)</li><li>• Keith Lake (Ohio Chamber of Commerce)</li><li>• Tom Kovacik (Transportation Advocacy Group of Northwest Ohio)</li></ul>		
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### **Key Provisions**

- Prohibits a public authority from requiring a contractor to employ a certain number of laborers from the public authority's geographic area for the construction of a public improvement project.
- Prohibits a public authority from providing a preference to a contractor that employs a certain number of laborers from the public authority's geographic area.

### **Additional Information**

- **Amendments accepted in committee:**
  - AM1017 (Kunze): Clarifies ODOT's ability to continue using the federally funded On the Job Training program.
  - AM1724 (Hood): Prohibits a state agency, in the bid specifications for a public improvement contract, from prohibiting or requiring a contractor to enter into a project labor agreement. This language mirrors the As Passed by the House version of HB 64.
- **Policy Advisor:** Marisa Myers, 614-728-5523, [Marisa.Myers@ohiohouse.gov](mailto:Marisa.Myers@ohiohouse.gov)
- **House Companion Bill:** HB 180 (Maag) passed the House 62-31 last June.



## **House Bill 483 – Developmental Disabilities Policy Update**

House Bill 483 was drafted based on recommendations from Director Martin and the Ohio Department of Developmental Disabilities. It seeks to update several programs within the Ohio Department of Developmental Disabilities.

First, this bill proposes to transfer the Early Intervention (EI) lead agency status from the Ohio Department of Health (ODH) to the Ohio Department of Developmental Disabilities (DODD). According to the agency, this will help streamline services so that there is less confusion and duplication. Children that participate in the EI program continue to receive services in the DD system, which is why county boards financially support EI.

Second, this bill would allow a day service facility operator to close a facility without having to pay any amount left on the depreciation schedule. This policy would be similar to that of a residential facility, as a result of language enacted in H.B. 64 of this General Assembly. And to clarify, this will not cost the state any money. Bonds that were used to finance day service facility construction or renovation have been retired.

Third, this bill proposes to ease regulatory requirements to allow direct staff to administer medications. Currently, prescribed oral medications, topical prescribed medications, J and G tube prescribed medications, insulin injection or pump, and other various healthcare tasks are allowed with certification and delegation. The administration is proposing to expand these practices to allow administering of the following:

- vagal nerve stimulator,
- epinephrine auto injector,
- over-the-counter medicated products such as toothpaste, sunscreen, and chapstick,
- oxygen and metered dose inhalers,
- over-the-counter topical medications for sore muscles and joints such as Bengay,
- inhaled insulin and non-insulin injections for pre-diabetic and diabetic,
- pulse oximetry reading,
- Continuous Positive Airway Pressure machine (CPAP),
- percussion vests,
- cough assist insufflator, and
- compression hosiery.

Additional changes include the return of efficiency incentives to DODD from Intermediate Care Facility (ICF) providers who did not downsize or convert, clarifying a cost report drafting discrepancy, removing Targeted Case Management language, and allowing DODD to deny certification to a new provider if the Department of Medicaid denies the provider to enter into a Medicaid provider agreement.

**From:** Sarko, Alyssa  
**Sent:** Tuesday, May 3, 2016 4:51 PM  
**To:** Kasych, Shawn  
**Subject:** RE: Emailing: HB 299 Bill Brief, HB 466 (Smith) - Bill Briefing, HB 410 Bill Brief, HB 429 Bill Brief, Sub SB 75 - AgriTourism bill briefing, House Bill 512 - Copy, HB 463 Bill Briefing, Bill Briefing (SB 152 - Uecker), House Bill 483one

This. Is. So. Great.

Alyssa Sarko  
Director of the Speaker's Office  
Office of Speaker Clifford A. Rosenberger  
77 S. High St., 14th Floor | Columbus, OH 43215  
Alyssa.sarko@ohiohouse.gov | 614.466.0536

-----Original Message-----

**From:** Kasych, Shawn  
**Sent:** Tuesday, May 03, 2016 4:49 PM  
**To:** Sarko, Alyssa  
**Subject:** Emailing: HB 299 Bill Brief, HB 466 (Smith) - Bill Briefing, HB 410 Bill Brief, HB 429 Bill Brief, Sub SB 75 - AgriTourism bill briefing, House Bill 512 - Copy, HB 463 Bill Briefing, Bill Briefing (SB 152 - Uecker), House Bill 483one

So I sent you a ton of stuff, and I'm waiting on HB505 from Kelly. Also waiting on a Schuring document.

The order will be as follows:

Schuring document  
HB299  
Bill Briefing (SB 152 - Uecker)  
HB 466 (Smith)  
HB 410  
HB 429  
Sub SB 75  
HB 463  
House Bill 483one  
House Bill 512  
HB505

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**From:** Alexander, Steven  
**Sent:** Wednesday, May 4, 2016 6:44 PM  
**To:** GOP\_All  
**Subject:** HB 523 Documents  
**Attachments:** 131\_LB\_2415\_5.pdf; Substitute HB 523 Outline.docx; HB 523 Stakeholders.docx

Good evening,

Rep. Schuring asked that I email you three documents. Attached you will find Substitute House Bill 523 which was accepted in the Select Committee on Medical Marijuana today. You will also find the Sub HB 523 Outline that was passed out in caucus on Tuesday evening. You will also find a document listing the stakeholders of HB 523 who have testified before the select committee thus far.

Please don't hesitate to contact me with any questions.

**Steven Alexander**  
*Majority Policy Advisor*  
Office of Speaker Clifford A. Rosenberger  
Ohio House of Representatives  
77 S. High St., 14th Floor  
Columbus, OH 43215  
Office: 614.466.0891

131st General Assembly  
Regular Session  
2015-2016

Sub. H. B. No. 523

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**A BILL**

To amend sections 109.572, 519.21, 4123.54, 4729.75, 1  
4729.80, 4729.81, 4729.82, 4729.83, 4729.84, 2  
4729.85, and 4729.86 and to enact sections 3  
3796.01, 3796.02, 3796.03, 3796.04, 3796.06, 4  
3796.07, 3796.10, 3796.11, 3796.12, 3796.13, 5  
3796.14, 3796.15, 3796.18, 3796.19, 3796.20, 6  
3796.21, 3796.22, 3796.23, 3796.24, 3796.26, 7  
3796.27, 3796.28, 3796.29, 3796.30, 4729.771, and 8  
4731.283 of the Revised Code to authorize the use 9  
of marijuana for medical purposes and to establish 10  
the Medical Marijuana Control Program. 11

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 109.572, 519.21, 4123.54, 4729.75, 12  
4729.80, 4729.81, 4729.82, 4729.83, 4729.84, 4729.85, and 4729.86 13  
be amended and sections 3796.01, 3796.02, 3796.03, 3796.04, 14  
3796.06, 3796.07, 3796.10, 3796.11, 3796.12, 3796.13, 3796.14, 15  
3796.15, 3796.18, 3796.19, 3796.20, 3796.21, 3796.22, 3796.23, 16  
3796.24, 3796.26, 3796.27, 3796.28, 3796.29, 3796.30, 4729.771, 17  
and 4731.283 of the Revised Code be enacted to read as follows: 18

**Sec. 109.572.** (A) (1) Upon receipt of a request pursuant to 19  
section 121.08, 3301.32, 3301.541, or 3319.39 of the Revised Code, 20  
a completed form prescribed pursuant to division (C) (1) of this 21

section, and a set of fingerprint impressions obtained in the 22  
manner described in division (C)(2) of this section, the 23  
superintendent of the bureau of criminal identification and 24  
investigation shall conduct a criminal records check in the manner 25  
described in division (B) of this section to determine whether any 26  
information exists that indicates that the person who is the 27  
subject of the request previously has been convicted of or pleaded 28  
guilty to any of the following: 29

(a) A violation of section 2903.01, 2903.02, 2903.03, 30  
2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 31  
2905.01, 2905.02, 2905.05, 2907.02, 2907.03, 2907.04, 2907.05, 32  
2907.06, 2907.07, 2907.08, 2907.09, 2907.21, 2907.22, 2907.23, 33  
2907.25, 2907.31, 2907.32, 2907.321, 2907.322, 2907.323, 2911.01, 34  
2911.02, 2911.11, 2911.12, 2919.12, 2919.22, 2919.24, 2919.25, 35  
2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.04, 2925.05, 36  
2925.06, or 3716.11 of the Revised Code, felonious sexual 37  
penetration in violation of former section 2907.12 of the Revised 38  
Code, a violation of section 2905.04 of the Revised Code as it 39  
existed prior to July 1, 1996, a violation of section 2919.23 of 40  
the Revised Code that would have been a violation of section 41  
2905.04 of the Revised Code as it existed prior to July 1, 1996, 42  
had the violation been committed prior to that date, or a 43  
violation of section 2925.11 of the Revised Code that is not a 44  
minor drug possession offense; 45

(b) A violation of an existing or former law of this state, 46  
any other state, or the United States that is substantially 47  
equivalent to any of the offenses listed in division (A)(1)(a) of 48  
this section; 49

(c) If the request is made pursuant to section 3319.39 of the 50  
Revised Code for an applicant who is a teacher, any offense 51  
specified in section 3319.31 of the Revised Code. 52

(2) On receipt of a request pursuant to section 3712.09 or 53

3721.121 of the Revised Code, a completed form prescribed pursuant 54  
to division (C) (1) of this section, and a set of fingerprint 55  
impressions obtained in the manner described in division (C) (2) of 56  
this section, the superintendent of the bureau of criminal 57  
identification and investigation shall conduct a criminal records 58  
check with respect to any person who has applied for employment in 59  
a position for which a criminal records check is required by those 60  
sections. The superintendent shall conduct the criminal records 61  
check in the manner described in division (B) of this section to 62  
determine whether any information exists that indicates that the 63  
person who is the subject of the request previously has been 64  
convicted of or pleaded guilty to any of the following: 65

(a) A violation of section 2903.01, 2903.02, 2903.03, 66  
2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 67  
2905.01, 2905.02, 2905.11, 2905.12, 2907.02, 2907.03, 2907.05, 68  
2907.06, 2907.07, 2907.08, 2907.09, 2907.12, 2907.25, 2907.31, 69  
2907.32, 2907.321, 2907.322, 2907.323, 2911.01, 2911.02, 2911.11, 70  
2911.12, 2911.13, 2913.02, 2913.03, 2913.04, 2913.11, 2913.21, 71  
2913.31, 2913.40, 2913.43, 2913.47, 2913.51, 2919.25, 2921.36, 72  
2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.11, 2925.13, 73  
2925.22, 2925.23, or 3716.11 of the Revised Code; 74

(b) An existing or former law of this state, any other state, 75  
or the United States that is substantially equivalent to any of 76  
the offenses listed in division (A) (2) (a) of this section. 77

(3) On receipt of a request pursuant to section 173.27, 78  
173.38, 173.381, 3701.881, 5164.34, 5164.341, 5164.342, 5123.081, 79  
or 5123.169 of the Revised Code, a completed form prescribed 80  
pursuant to division (C) (1) of this section, and a set of 81  
fingerprint impressions obtained in the manner described in 82  
division (C) (2) of this section, the superintendent of the bureau 83  
of criminal identification and investigation shall conduct a 84  
criminal records check of the person for whom the request is made. 85

The superintendent shall conduct the criminal records check in the 86  
manner described in division (B) of this section to determine 87  
whether any information exists that indicates that the person who 88  
is the subject of the request previously has been convicted of, 89  
has pleaded guilty to, or (except in the case of a request 90  
pursuant to section 5164.34, 5164.341, or 5164.342 of the Revised 91  
Code) has been found eligible for intervention in lieu of 92  
conviction for any of the following, regardless of the date of the 93  
conviction, the date of entry of the guilty plea, or (except in 94  
the case of a request pursuant to section 5164.34, 5164.341, or 95  
5164.342 of the Revised Code) the date the person was found 96  
eligible for intervention in lieu of conviction: 97

(a) A violation of section 959.13, 959.131, 2903.01, 2903.02, 98  
2903.03, 2903.04, 2903.041, 2903.11, 2903.12, 2903.13, 2903.15, 99  
2903.16, 2903.21, 2903.211, 2903.22, 2903.34, 2903.341, 2905.01, 100  
2905.02, 2905.05, 2905.11, 2905.12, 2905.32, 2905.33, 2907.02, 101  
2907.03, 2907.04, 2907.05, 2907.06, 2907.07, 2907.08, 2907.09, 102  
2907.21, 2907.22, 2907.23, 2907.24, 2907.25, 2907.31, 2907.32, 103  
2907.321, 2907.322, 2907.323, 2907.33, 2909.02, 2909.03, 2909.04, 104  
2909.22, 2909.23, 2909.24, 2911.01, 2911.02, 2911.11, 2911.12, 105  
2911.13, 2913.02, 2913.03, 2913.04, 2913.05, 2913.11, 2913.21, 106  
2913.31, 2913.32, 2913.40, 2913.41, 2913.42, 2913.43, 2913.44, 107  
2913.441, 2913.45, 2913.46, 2913.47, 2913.48, 2913.49, 2913.51, 108  
2917.01, 2917.02, 2917.03, 2917.31, 2919.12, 2919.121, 2919.123, 109  
2919.22, 2919.23, 2919.24, 2919.25, 2921.03, 2921.11, 2921.12, 110  
2921.13, 2921.21, 2921.24, 2921.32, 2921.321, 2921.34, 2921.35, 111  
2921.36, 2921.51, 2923.12, 2923.122, 2923.123, 2923.13, 2923.161, 112  
2923.162, 2923.21, 2923.32, 2923.42, 2925.02, 2925.03, 2925.04, 113  
2925.041, 2925.05, 2925.06, 2925.09, 2925.11, 2925.13, 2925.14, 114  
2925.141, 2925.22, 2925.23, 2925.24, 2925.36, 2925.55, 2925.56, 115  
2927.12, or 3716.11 of the Revised Code; 116

(b) Felonious sexual penetration in violation of former 117



section 2907.12 of the Revised Code; 118

(c) A violation of section 2905.04 of the Revised Code as it 119  
existed prior to July 1, 1996; 120

(d) A violation of section 2923.01, 2923.02, or 2923.03 of 121  
the Revised Code when the underlying offense that is the object of 122  
the conspiracy, attempt, or complicity is one of the offenses 123  
listed in divisions (A) (3) (a) to (c) of this section; 124

(e) A violation of an existing or former municipal ordinance 125  
or law of this state, any other state, or the United States that 126  
is substantially equivalent to any of the offenses listed in 127  
divisions (A) (3) (a) to (d) of this section. 128

(4) On receipt of a request pursuant to section 2151.86 of 129  
the Revised Code, a completed form prescribed pursuant to division 130  
(C) (1) of this section, and a set of fingerprint impressions 131  
obtained in the manner described in division (C) (2) of this 132  
section, the superintendent of the bureau of criminal 133  
identification and investigation shall conduct a criminal records 134  
check in the manner described in division (B) of this section to 135  
determine whether any information exists that indicates that the 136  
person who is the subject of the request previously has been 137  
convicted of or pleaded guilty to any of the following: 138

(a) A violation of section 959.13, 2903.01, 2903.02, 2903.03, 139  
2903.04, 2903.11, 2903.12, 2903.13, 2903.15, 2903.16, 2903.21, 140  
2903.211, 2903.22, 2903.34, 2905.01, 2905.02, 2905.05, 2907.02, 141  
2907.03, 2907.04, 2907.05, 2907.06, 2907.07, 2907.08, 2907.09, 142  
2907.21, 2907.22, 2907.23, 2907.25, 2907.31, 2907.32, 2907.321, 143  
2907.322, 2907.323, 2909.02, 2909.03, 2909.22, 2909.23, 2909.24, 144  
2911.01, 2911.02, 2911.11, 2911.12, 2913.49, 2917.01, 2917.02, 145  
2919.12, 2919.22, 2919.24, 2919.25, 2923.12, 2923.13, 2923.161, 146  
2925.02, 2925.03, 2925.04, 2925.05, 2925.06, 2927.12, or 3716.11 147  
of the Revised Code, a violation of section 2905.04 of the Revised 148

Code as it existed prior to July 1, 1996, a violation of section 149  
2919.23 of the Revised Code that would have been a violation of 150  
section 2905.04 of the Revised Code as it existed prior to July 1, 151  
1996, had the violation been committed prior to that date, a 152  
violation of section 2925.11 of the Revised Code that is not a 153  
minor drug possession offense, two or more OVI or OVUAC violations 154  
committed within the three years immediately preceding the 155  
submission of the application or petition that is the basis of the 156  
request, or felonious sexual penetration in violation of former 157  
section 2907.12 of the Revised Code; 158

(b) A violation of an existing or former law of this state, 159  
any other state, or the United States that is substantially 160  
equivalent to any of the offenses listed in division (A) (4) (a) of 161  
this section. 162

(5) Upon receipt of a request pursuant to section 5104.013 of 163  
the Revised Code, a completed form prescribed pursuant to division 164  
(C) (1) of this section, and a set of fingerprint impressions 165  
obtained in the manner described in division (C) (2) of this 166  
section, the superintendent of the bureau of criminal 167  
identification and investigation shall conduct a criminal records 168  
check in the manner described in division (B) of this section to 169  
determine whether any information exists that indicates that the 170  
person who is the subject of the request has been convicted of or 171  
pleaded guilty to any of the following: 172

(a) A violation of section 2151.421, 2903.01, 2903.02, 173  
2903.03, 2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 174  
2903.22, 2903.34, 2905.01, 2905.02, 2905.05, 2905.11, 2905.32, 175  
2907.02, 2907.03, 2907.04, 2907.05, 2907.06, 2907.07, 2907.08, 176  
2907.09, 2907.19, 2907.21, 2907.22, 2907.23, 2907.24, 2907.25, 177  
2907.31, 2907.32, 2907.321, 2907.322, 2907.323, 2909.02, 2909.03, 178  
2909.04, 2909.05, 2911.01, 2911.02, 2911.11, 2911.12, 2913.02, 179  
2913.03, 2913.04, 2913.041, 2913.05, 2913.06, 2913.11, 2913.21, 180

2913.31, 2913.32, 2913.33, 2913.34, 2913.40, 2913.41, 2913.42, 181  
2913.43, 2913.44, 2913.441, 2913.45, 2913.46, 2913.47, 2913.48, 182  
2913.49, 2917.01, 2917.02, 2917.03, 2917.31, 2919.12, 2919.22, 183  
2919.224, 2919.225, 2919.24, 2919.25, 2921.03, 2921.11, 2921.13, 184  
2921.14, 2921.34, 2921.35, 2923.01, 2923.12, 2923.13, 2923.161, 185  
2925.02, 2925.03, 2925.04, 2925.05, 2925.06, or 3716.11 of the 186  
Revised Code, felonious sexual penetration in violation of former 187  
section 2907.12 of the Revised Code, a violation of section 188  
2905.04 of the Revised Code as it existed prior to July 1, 1996, a 189  
violation of section 2919.23 of the Revised Code that would have 190  
been a violation of section 2905.04 of the Revised Code as it 191  
existed prior to July 1, 1996, had the violation been committed 192  
prior to that date, a violation of section 2925.11 of the Revised 193  
Code that is not a minor drug possession offense, a violation of 194  
section 2923.02 or 2923.03 of the Revised Code that relates to a 195  
crime specified in this division, or a second violation of section 196  
4511.19 of the Revised Code within five years of the date of 197  
application for licensure or certification. 198

(b) A violation of an existing or former law of this state, 199  
any other state, or the United States that is substantially 200  
equivalent to any of the offenses or violations described in 201  
division (A) (5) (a) of this section. 202

(6) Upon receipt of a request pursuant to section 5153.111 of 203  
the Revised Code, a completed form prescribed pursuant to division 204  
(C) (1) of this section, and a set of fingerprint impressions 205  
obtained in the manner described in division (C) (2) of this 206  
section, the superintendent of the bureau of criminal 207  
identification and investigation shall conduct a criminal records 208  
check in the manner described in division (B) of this section to 209  
determine whether any information exists that indicates that the 210  
person who is the subject of the request previously has been 211  
convicted of or pleaded guilty to any of the following: 212

(a) A violation of section 2903.01, 2903.02, 2903.03, 213  
2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 214  
2905.01, 2905.02, 2905.05, 2907.02, 2907.03, 2907.04, 2907.05, 215  
2907.06, 2907.07, 2907.08, 2907.09, 2907.21, 2907.22, 2907.23, 216  
2907.25, 2907.31, 2907.32, 2907.321, 2907.322, 2907.323, 2909.02, 217  
2909.03, 2911.01, 2911.02, 2911.11, 2911.12, 2919.12, 2919.22, 218  
2919.24, 2919.25, 2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 219  
2925.04, 2925.05, 2925.06, or 3716.11 of the Revised Code, 220  
felonious sexual penetration in violation of former section 221  
2907.12 of the Revised Code, a violation of section 2905.04 of the 222  
Revised Code as it existed prior to July 1, 1996, a violation of 223  
section 2919.23 of the Revised Code that would have been a 224  
violation of section 2905.04 of the Revised Code as it existed 225  
prior to July 1, 1996, had the violation been committed prior to 226  
that date, or a violation of section 2925.11 of the Revised Code 227  
that is not a minor drug possession offense; 228

(b) A violation of an existing or former law of this state, 229  
any other state, or the United States that is substantially 230  
equivalent to any of the offenses listed in division (A)(6)(a) of 231  
this section. 232

(7) On receipt of a request for a criminal records check from 233  
an individual pursuant to section 4749.03 or 4749.06 of the 234  
Revised Code, accompanied by a completed copy of the form 235  
prescribed in division (C)(1) of this section and a set of 236  
fingerprint impressions obtained in a manner described in division 237  
(C)(2) of this section, the superintendent of the bureau of 238  
criminal identification and investigation shall conduct a criminal 239  
records check in the manner described in division (B) of this 240  
section to determine whether any information exists indicating 241  
that the person who is the subject of the request has been 242  
convicted of or pleaded guilty to a felony in this state or in any 243  
other state. If the individual indicates that a firearm will be 244

carried in the course of business, the superintendent shall 245  
require information from the federal bureau of investigation as 246  
described in division (B) (2) of this section. Subject to division 247  
(F) of this section, the superintendent shall report the findings 248  
of the criminal records check and any information the federal 249  
bureau of investigation provides to the director of public safety. 250

(8) On receipt of a request pursuant to section 1321.37, 251  
1321.53, 1321.531, 1322.03, 1322.031, or 4763.05 of the Revised 252  
Code, a completed form prescribed pursuant to division (C) (1) of 253  
this section, and a set of fingerprint impressions obtained in the 254  
manner described in division (C) (2) of this section, the 255  
superintendent of the bureau of criminal identification and 256  
investigation shall conduct a criminal records check with respect 257  
to any person who has applied for a license, permit, or 258  
certification from the department of commerce or a division in the 259  
department. The superintendent shall conduct the criminal records 260  
check in the manner described in division (B) of this section to 261  
determine whether any information exists that indicates that the 262  
person who is the subject of the request previously has been 263  
convicted of or pleaded guilty to any of the following: a 264  
violation of section 2913.02, 2913.11, 2913.31, 2913.51, or 265  
2925.03 of the Revised Code; any other criminal offense involving 266  
theft, receiving stolen property, embezzlement, forgery, fraud, 267  
passing bad checks, money laundering, or drug trafficking, or any 268  
criminal offense involving money or securities, as set forth in 269  
Chapters 2909., 2911., 2913., 2915., 2921., 2923., and 2925. of 270  
the Revised Code; or any existing or former law of this state, any 271  
other state, or the United States that is substantially equivalent 272  
to those offenses. 273

(9) On receipt of a request for a criminal records check from 274  
the treasurer of state under section 113.041 of the Revised Code 275  
or from an individual under section 4701.08, 4715.101, 4717.061, 276

4725.121, 4725.501, 4729.071, 4730.101, 4730.14, 4730.28, 277  
4731.081, 4731.15, 4731.171, 4731.222, 4731.281, 4731.296, 278  
4731.531, 4732.091, 4734.202, 4740.061, 4741.10, 4755.70, 279  
4757.101, 4759.061, 4760.032, 4760.06, 4761.051, 4762.031, 280  
4762.06, 4776.021, 4779.091, or 4783.04 of the Revised Code, 281  
accompanied by a completed form prescribed under division (C) (1) 282  
of this section and a set of fingerprint impressions obtained in 283  
the manner described in division (C) (2) of this section, the 284  
superintendent of the bureau of criminal identification and 285  
investigation shall conduct a criminal records check in the manner 286  
described in division (B) of this section to determine whether any 287  
information exists that indicates that the person who is the 288  
subject of the request has been convicted of or pleaded guilty to 289  
any criminal offense in this state or any other state. Subject to 290  
division (F) of this section, the superintendent shall send the 291  
results of a check requested under section 113.041 of the Revised 292  
Code to the treasurer of state and shall send the results of a 293  
check requested under any of the other listed sections to the 294  
licensing board specified by the individual in the request. 295

(10) On receipt of a request pursuant to section 1121.23, 296  
1155.03, 1163.05, 1315.141, 1733.47, or 1761.26 of the Revised 297  
Code, a completed form prescribed pursuant to division (C) (1) of 298  
this section, and a set of fingerprint impressions obtained in the 299  
manner described in division (C) (2) of this section, the 300  
superintendent of the bureau of criminal identification and 301  
investigation shall conduct a criminal records check in the manner 302  
described in division (B) of this section to determine whether any 303  
information exists that indicates that the person who is the 304  
subject of the request previously has been convicted of or pleaded 305  
guilty to any criminal offense under any existing or former law of 306  
this state, any other state, or the United States. 307

(11) On receipt of a request for a criminal records check 308

from an appointing or licensing authority under section 3772.07 of 309  
the Revised Code, a completed form prescribed under division 310  
(C) (1) of this section, and a set of fingerprint impressions 311  
obtained in the manner prescribed in division (C) (2) of this 312  
section, the superintendent of the bureau of criminal 313  
identification and investigation shall conduct a criminal records 314  
check in the manner described in division (B) of this section to 315  
determine whether any information exists that indicates that the 316  
person who is the subject of the request previously has been 317  
convicted of or pleaded guilty or no contest to any offense under 318  
any existing or former law of this state, any other state, or the 319  
United States that is a disqualifying offense as defined in 320  
section 3772.07 of the Revised Code or substantially equivalent to 321  
such an offense. 322

(12) On receipt of a request pursuant to section 2151.33 or 323  
2151.412 of the Revised Code, a completed form prescribed pursuant 324  
to division (C) (1) of this section, and a set of fingerprint 325  
impressions obtained in the manner described in division (C) (2) of 326  
this section, the superintendent of the bureau of criminal 327  
identification and investigation shall conduct a criminal records 328  
check with respect to any person for whom a criminal records check 329  
is required under that section. The superintendent shall conduct 330  
the criminal records check in the manner described in division (B) 331  
of this section to determine whether any information exists that 332  
indicates that the person who is the subject of the request 333  
previously has been convicted of or pleaded guilty to any of the 334  
following: 335

(a) A violation of section 2903.01, 2903.02, 2903.03, 336  
2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 337  
2905.01, 2905.02, 2905.11, 2905.12, 2907.02, 2907.03, 2907.05, 338  
2907.06, 2907.07, 2907.08, 2907.09, 2907.12, 2907.25, 2907.31, 339  
2907.32, 2907.321, 2907.322, 2907.323, 2911.01, 2911.02, 2911.11, 340

2911.12, 2911.13, 2913.02, 2913.03, 2913.04, 2913.11, 2913.21, 341  
2913.31, 2913.40, 2913.43, 2913.47, 2913.51, 2919.25, 2921.36, 342  
2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.11, 2925.13, 343  
2925.22, 2925.23, or 3716.11 of the Revised Code; 344

(b) An existing or former law of this state, any other state, 345  
or the United States that is substantially equivalent to any of 346  
the offenses listed in division (A) (12) (a) of this section. 347

(13) On receipt of a request pursuant to section 3796.13 of 348  
the Revised Code, a completed form prescribed pursuant to division 349  
(C) (1) of this section, and a set of fingerprint impressions 350  
obtained in a manner described in division (C) (2) of this section, 351  
the superintendent of the bureau of criminal identification and 352  
investigation shall conduct a criminal records check in the manner 353  
described in division (B) of this section to determine whether any 354  
information exists that indicates that the person who is the 355  
subject of the request previously has been convicted of or pleaded 356  
guilty to a disqualifying offense, as specified in rules adopted 357  
under section 3796.04 of the Revised Code. 358

(B) Subject to division (F) of this section, the 359  
superintendent shall conduct any criminal records check to be 360  
conducted under this section as follows: 361

(1) The superintendent shall review or cause to be reviewed 362  
any relevant information gathered and compiled by the bureau under 363  
division (A) of section 109.57 of the Revised Code that relates to 364  
the person who is the subject of the criminal records check, 365  
including, if the criminal records check was requested under 366  
section 113.041, 121.08, 173.27, 173.38, 173.381, 1121.23, 367  
1155.03, 1163.05, 1315.141, 1321.37, 1321.53, 1321.531, 1322.03, 368  
1322.031, 1733.47, 1761.26, 2151.86, 3301.32, 3301.541, 3319.39, 369  
3701.881, 3712.09, 3721.121, 3772.07, 3796.13, 4749.03, 4749.06, 370  
4763.05, 5104.013, 5164.34, 5164.341, 5164.342, 5123.081, 371  
5123.169, or 5153.111 of the Revised Code, any relevant 372



information contained in records that have been sealed under 373  
section 2953.32 of the Revised Code; 374

(2) If the request received by the superintendent asks for 375  
information from the federal bureau of investigation, the 376  
superintendent shall request from the federal bureau of 377  
investigation any information it has with respect to the person 378  
who is the subject of the criminal records check, including 379  
fingerprint-based checks of national crime information databases 380  
as described in 42 U.S.C. 671 if the request is made pursuant to 381  
section 2151.86 or 5104.013 of the Revised Code or if any other 382  
Revised Code section requires fingerprint-based checks of that 383  
nature, and shall review or cause to be reviewed any information 384  
the superintendent receives from that bureau. If a request under 385  
section 3319.39 of the Revised Code asks only for information from 386  
the federal bureau of investigation, the superintendent shall not 387  
conduct the review prescribed by division (B) (1) of this section. 388

(3) The superintendent or the superintendent's designee may 389  
request criminal history records from other states or the federal 390  
government pursuant to the national crime prevention and privacy 391  
compact set forth in section 109.571 of the Revised Code. 392

(4) The superintendent shall include in the results of the 393  
criminal records check a list or description of the offenses 394  
listed or described in division (A) (1), (2), (3), (4), (5), (6), 395  
(7), (8), (9), (10), (11), ~~or~~ (12), or (13) of this section, 396  
whichever division requires the superintendent to conduct the 397  
criminal records check. The superintendent shall exclude from the 398  
results any information the dissemination of which is prohibited 399  
by federal law. 400

(5) The superintendent shall send the results of the criminal 401  
records check to the person to whom it is to be sent not later 402  
than the following number of days after the date the 403  
superintendent receives the request for the criminal records 404

check, the completed form prescribed under division (C) (1) of this 405  
section, and the set of fingerprint impressions obtained in the 406  
manner described in division (C) (2) of this section: 407

(a) If the superintendent is required by division (A) of this 408  
section (other than division (A) (3) of this section) to conduct 409  
the criminal records check, thirty; 410

(b) If the superintendent is required by division (A) (3) of 411  
this section to conduct the criminal records check, sixty. 412

(C) (1) The superintendent shall prescribe a form to obtain 413  
the information necessary to conduct a criminal records check from 414  
any person for whom a criminal records check is to be conducted 415  
under this section. The form that the superintendent prescribes 416  
pursuant to this division may be in a tangible format, in an 417  
electronic format, or in both tangible and electronic formats. 418

(2) The superintendent shall prescribe standard impression 419  
sheets to obtain the fingerprint impressions of any person for 420  
whom a criminal records check is to be conducted under this 421  
section. Any person for whom a records check is to be conducted 422  
under this section shall obtain the fingerprint impressions at a 423  
county sheriff's office, municipal police department, or any other 424  
entity with the ability to make fingerprint impressions on the 425  
standard impression sheets prescribed by the superintendent. The 426  
office, department, or entity may charge the person a reasonable 427  
fee for making the impressions. The standard impression sheets the 428  
superintendent prescribes pursuant to this division may be in a 429  
tangible format, in an electronic format, or in both tangible and 430  
electronic formats. 431

(3) Subject to division (D) of this section, the 432  
superintendent shall prescribe and charge a reasonable fee for 433  
providing a criminal records check under this section. The person 434  
requesting the criminal records check shall pay the fee prescribed 435

pursuant to this division. In the case of a request under section 436  
1121.23, 1155.03, 1163.05, 1315.141, 1733.47, 1761.26, 2151.33, 437  
2151.412, or 5164.34 of the Revised Code, the fee shall be paid in 438  
the manner specified in that section. 439

(4) The superintendent of the bureau of criminal 440  
identification and investigation may prescribe methods of 441  
forwarding fingerprint impressions and information necessary to 442  
conduct a criminal records check, which methods shall include, but 443  
not be limited to, an electronic method. 444

(D) The results of a criminal records check conducted under 445  
this section, other than a criminal records check specified in 446  
division (A) (7) of this section, are valid for the person who is 447  
the subject of the criminal records check for a period of one year 448  
from the date upon which the superintendent completes the criminal 449  
records check. If during that period the superintendent receives 450  
another request for a criminal records check to be conducted under 451  
this section for that person, the superintendent shall provide the 452  
results from the previous criminal records check of the person at 453  
a lower fee than the fee prescribed for the initial criminal 454  
records check. 455

(E) When the superintendent receives a request for 456  
information from a registered private provider, the superintendent 457  
shall proceed as if the request was received from a school 458  
district board of education under section 3319.39 of the Revised 459  
Code. The superintendent shall apply division (A) (1) (c) of this 460  
section to any such request for an applicant who is a teacher. 461

(F) (1) All information regarding the results of a criminal 462  
records check conducted under this section that the superintendent 463  
reports or sends under division (A) (7) or (9) of this section to 464  
the director of public safety, the treasurer of state, or the 465  
person, board, or entity that made the request for the criminal 466  
records check shall relate to the conviction of the subject 467

person, or the subject person's plea of guilty to, a criminal 468  
offense. 469

(2) Division (F) (1) of this section does not limit, restrict, 470  
or preclude the superintendent's release of information that 471  
relates to the arrest of a person who is eighteen years of age or 472  
older, to an adjudication of a child as a delinquent child, or to 473  
a criminal conviction of a person under eighteen years of age in 474  
circumstances in which a release of that nature is authorized 475  
under division (E) (2), (3), or (4) of section 109.57 of the 476  
Revised Code pursuant to a rule adopted under division (E) (1) of 477  
that section. 478

(G) As used in this section: 479

(1) "Criminal records check" means any criminal records check 480  
conducted by the superintendent of the bureau of criminal 481  
identification and investigation in accordance with division (B) 482  
of this section. 483

(2) "Minor drug possession offense" has the same meaning as 484  
in section 2925.01 of the Revised Code. 485

(3) "OVI or OVUAC violation" means a violation of section 486  
4511.19 of the Revised Code or a violation of an existing or 487  
former law of this state, any other state, or the United States 488  
that is substantially equivalent to section 4511.19 of the Revised 489  
Code. 490

(4) "Registered private provider" means a nonpublic school or 491  
entity registered with the superintendent of public instruction 492  
under section 3310.41 of the Revised Code to participate in the 493  
autism scholarship program or section 3310.58 of the Revised Code 494  
to participate in the Jon Peterson special needs scholarship 495  
program. 496

Sec. 519.21. (A) Except as otherwise provided in ~~division~~ 497

divisions (B) and (D) of this section, sections 519.02 to 519.25 498  
of the Revised Code confer no power on any township zoning 499  
commission, board of township trustees, or board of zoning appeals 500  
to prohibit the use of any land for agricultural purposes or the 501  
construction or use of buildings or structures incident to the use 502  
for agricultural purposes of the land on which such buildings or 503  
structures are located, including buildings or structures that are 504  
used primarily for vinting and selling wine and that are located 505  
on land any part of which is used for viticulture, and no zoning 506  
certificate shall be required for any such building or structure. 507

(B) A township zoning resolution, or an amendment to such 508  
resolution, may in any platted subdivision approved under section 509  
711.05, 711.09, or 711.10 of the Revised Code, or in any area 510  
consisting of fifteen or more lots approved under section 711.131 511  
of the Revised Code that are contiguous to one another, or some of 512  
which are contiguous to one another and adjacent to one side of a 513  
dedicated public road, and the balance of which are contiguous to 514  
one another and adjacent to the opposite side of the same 515  
dedicated public road regulate: 516

(1) Agriculture on lots of one acre or less; 517

(2) Buildings or structures incident to the use of land for 518  
agricultural purposes on lots greater than one acre but not 519  
greater than five acres by: set back building lines; height; and 520  
size; 521

(3) Dairying and animal and poultry husbandry on lots greater 522  
than one acre but not greater than five acres when at least 523  
thirty-five per cent of the lots in the subdivision are developed 524  
with at least one building, structure, or improvement that is 525  
subject to real property taxation or that is subject to the tax on 526  
manufactured and mobile homes under section 4503.06 of the Revised 527  
Code. After thirty-five per cent of the lots are so developed, 528  
dairying and animal and poultry husbandry shall be considered 529

nonconforming use of land and buildings or structures pursuant to 530  
section 519.19 of the Revised Code. 531

Division (B) of this section confers no power on any township 532  
zoning commission, board of township trustees, or board of zoning 533  
appeals to regulate agriculture, buildings or structures, and 534  
dairying and animal and poultry husbandry on lots greater than 535  
five acres. 536

(C) Such sections confer no power on any township zoning 537  
commission, board of township trustees, or board of zoning appeals 538  
to prohibit in a district zoned for agricultural, industrial, 539  
residential, or commercial uses, the use of any land for: 540

(1) A farm market where fifty per cent or more of the gross 541  
income received from the market is derived from produce raised on 542  
farms owned or operated by the market operator in a normal crop 543  
year. However, a board of township trustees, as provided in 544  
section 519.02 of the Revised Code, may regulate such factors 545  
pertaining to farm markets as size of the structure, size of 546  
parking areas that may be required, set back building lines, and 547  
egress or ingress, where such regulation is necessary to protect 548  
the public health and safety. 549

(2) Biodiesel production, biomass energy production, or 550  
electric or heat energy production if the land on which the 551  
production facility is located qualifies as land devoted 552  
exclusively to agricultural use under sections 5713.30 to 5713.37 553  
of the Revised Code for real property tax purposes. As used in 554  
division (C) (2) of this section, "biodiesel," "biomass energy," 555  
and "electric or heat energy" have the same meanings as in section 556  
5713.30 of the Revised Code. 557

(3) Biologically derived methane gas production if the land 558  
on which the production facility is located qualifies as land 559  
devoted exclusively to agricultural use under sections 5713.30 to 560

5713.37 of the Revised Code for real property tax purposes and if 561  
the facility that produces the biologically derived methane gas 562  
does not produce more than seventeen million sixty thousand seven 563  
hundred ten British thermal units, five megawatts, or both. 564

As used in division (C)(3) of this section, "biologically 565  
derived methane gas" has the same meaning as in section 5713.30 of 566  
the Revised Code. 567

(D) Nothing in this section prohibits a township zoning 568  
commission, board of township trustees, or board of zoning appeals 569  
from regulating the location of retail dispensaries of medical 570  
marijuana or from prohibiting such dispensaries from being located 571  
in the unincorporated territory of the township. 572

Sec. 3796.01. (A) As used in this chapter: 573

(1) "Medical marijuana" means marihuana, as defined in 574  
section 3719.01 of the Revised Code, that is cultivated, 575  
processed, dispensed, tested, possessed, or used for a medical 576  
purpose. 577

(2) "Physician" means an individual authorized under Chapter 578  
4731. of the Revised Code to practice medicine and surgery or 579  
osteopathic medicine and surgery. 580

(3) "Qualifying medical condition" means any of the 581  
following: 582

(a) Acquired immune deficiency syndrome; 583

(b) Amyotrophic lateral sclerosis; 584

(c) Cancer; 585

(d) Chronic traumatic encephalopathy; 586

(e) Crohn's disease; 587

(f) Epilepsy or another seizure disorder; 588

<u>(g) Glaucoma;</u>	589
<u>(h) Hepatitis C;</u>	590
<u>(i) Inflammatory bowel disease;</u>	591
<u>(j) Multiple sclerosis;</u>	592
<u>(k) Pain that is chronic, severe, or intractable;</u>	593
<u>(l) Parkinson's disease;</u>	594
<u>(m) Positive status for HIV;</u>	595
<u>(n) Post-traumatic stress disorder;</u>	596
<u>(o) Sickle cell anemia;</u>	597
<u>(p) Spinal cord disease or injury;</u>	598
<u>(q) Tourette's syndrome;</u>	599
<u>(r) Traumatic brain injury;</u>	600
<u>(s) Ulcerative colitis;</u>	601
<u>(t) Any other disease or condition specified in a rule</u>	602
<u>adopted by the department of commerce under section 3796.04 of the</u>	603
<u>Revised Code.</u>	604
<u>(B) Notwithstanding section 3719.41 of the Revised Code, for</u>	605
<u>purposes of this chapter, medical marijuana is a schedule II</u>	606
<u>controlled substance.</u>	607
<u>Sec. 3796.02. (A) The medical marijuana control commission is</u>	608
<u>hereby created in the department of commerce. The commission shall</u>	609
<u>consist of the following:</u>	610
<u>(1) A member who is a practicing physician;</u>	611
<u>(2) A member who represents local law enforcement;</u>	612
<u>(3) A member who represents employers;</u>	613
<u>(4) A member who represents labor;</u>	614



(5) A member who represents persons involved in the treatment 615  
of alcohol and drug addiction; 616

(6) A member who represents persons involved in mental health 617  
treatment; 618

(7) A member who is a pharmacist; 619

(8) A member who represents persons supporting the 620  
legalization of marijuana use for medical purposes; 621

(9) A member who represents patients. 622

(B) The governor shall appoint the members described in 623  
divisions (A) (1), (2), and (3) of this section. The president of 624  
the senate shall appoint the members described in divisions 625  
(A) (4), (7), and (9) of this section. The speaker of the house of 626  
representatives shall appoint the members described in divisions 627  
(A) (5), (6), and (8) of this section. Not more than four members 628  
shall be of the same political party. 629

(C) Appointments to the commission shall be made not later 630  
than thirty days after the effective date of this section. The 631  
initial members appointed by the governor shall be appointed for 632  
five-year terms; those appointed by the speaker of the house shall 633  
be appointed for four-year terms; and those appointed by the 634  
senate president shall be appointed for three-year terms. 635  
Thereafter, all terms shall be three years. 636

(D) Each member of the commission shall hold office from the 637  
date of appointment until the end of the term for which the member 638  
was appointed, except that members serve at the pleasure of the 639  
appointing authority. Vacancies shall be filled in the same manner 640  
as original appointments. A member appointed to fill a vacancy 641  
occurring prior to the expiration date of the term for which the 642  
member's predecessor was appointed shall hold office for the 643  
remainder of such term. A member shall continue in office 644  
subsequent to the expiration date of the member's term until the 645

member's successor takes office, or until a period of sixty days 646  
has elapsed, whichever occurs first. There is no limit on the 647  
number of terms a member may serve. 648

(E) The governor shall select a member of the commission to 649  
serve as its chairperson. 650

(F) Each member of the commission shall receive a per diem 651  
compensation determined in accordance with division (J) of section 652  
124.15 of the Revised Code. In addition, each member shall receive 653  
actual and necessary travel expenses in connection with commission 654  
hearings and business. 655

(G) The commission shall hold its initial meeting not later 656  
than thirty days after the last member of the commission is 657  
appointed. The commission shall adopt internal management rules 658  
pursuant to section 111.15 of the Revised Code. 659

(H) The commission is not subject to sections 101.82 to 660  
101.87 of the Revised Code. 661

Sec. 3796.03. (A) The medical marijuana control commission 662  
shall establish a medical marijuana control program to provide for 663  
the registration of physicians who recommend treatment with 664  
medical marijuana, the registration of patients who seek treatment 665  
with medical marijuana and their caregivers, the licensure of 666  
medical marijuana cultivators, processors, and retail 667  
dispensaries, the licensure of laboratories that test medical 668  
marijuana, and the regulation of other activities under this 669  
chapter relating to medical marijuana. The commission shall 670  
administer the program and may take any action, in accordance with 671  
rules adopted by the department of commerce, necessary to 672  
implement and enforce this chapter. 673

(B) (1) The commission shall develop recommendations regarding 674  
standards and procedures for a medical marijuana control program 675

as described in division (B) of section 3796.04 of the Revised 676  
Code. When developing recommendations under this section, the 677  
commission shall do all of the following: 678

(a) Consider standards and procedures that have been found to 679  
be best practices relative to the use and regulation of medical 680  
marijuana: 681

(b) With respect to standards and procedures involving retail 682  
dispensaries, consult and cooperate with the state board of 683  
pharmacy: 684

(c) With respect to standards and procedures involving 685  
qualifying physicians or qualifying medical conditions, consult 686  
and cooperate with the state medical board: 687

(d) With respect to the number of cultivator and retail 688  
dispensary licenses that will be permitted at any one time, 689  
consider all of the following: 690

(i) The population of this state: 691

(ii) The number of patients seeking to use medical marijuana: 692

(iii) In the case of retail dispensary licenses, the 693  
geographic distribution of dispensary sites in an effort to ensure 694  
patient access to medical marijuana. 695

(2) The commission shall submit the recommendations described 696  
in division (B) (1) of this section to the department of commerce 697  
as necessary for the department to fulfill its duty to adopt rules 698  
under section 3796.04 of the Revised Code. The commission may 699  
develop and submit any other recommendations it considers 700  
necessary for the program's administration and the implementation 701  
and enforcement of this chapter. This may include recommendations 702  
providing that certain criminal offenses for which an applicant 703  
was convicted of or pleaded guilty to more than five years before 704  
the date the application for licensure was filed are not 705

disqualifying offenses. 706

(3) At the department's request, the commission shall 707  
reconsider a recommendation it has submitted and shall resubmit 708  
the recommendation to the department accordingly. 709

Sec. 3796.04. (A) Not later than one year after the date of 710  
the medical marijuana control commission's initial meeting, the 711  
department of commerce shall adopt rules establishing standards 712  
and procedures for the medical marijuana control program. The 713  
rules shall be consistent with the recommendations the department 714  
receives from the commission pursuant to section 3796.03 of the 715  
Revised Code. All rules adopted under this section shall be 716  
adopted in accordance with Chapter 119. of the Revised Code. 717

(B) The rules shall do all of the following: 718

(1) Establish application procedures and fees for licenses 719  
and registrations issued under this chapter; 720

(2) Specify the criminal offenses for which an applicant will 721  
be disqualified from licensure; 722

(3) Specify the conditions that must be met to be eligible 723  
for licensure; 724

(4) Establish the number of cultivator and retail dispensary 725  
licenses that will be permitted at any one time; 726

(5) Establish a license or registration renewal schedule, 727  
renewal procedures, and renewal fees; 728

(6) Specify reasons for which a license or registration may 729  
be suspended or revoked; 730

(7) Establish standards under which a license or registration 731  
suspension may be lifted; 732

(8) Establish procedures for registration of physicians 733  
seeking to recommend medical marijuana for treatment and 734

requirements that must be met to be eligible for registration; 735

(9) Establish procedures for registration of patients and 736  
caregivers and requirements that must be met to be eligible for 737  
registration; 738

(10) Establish training requirements for employees of retail 739  
dispensaries; 740

(11) Specify when testing of medical marijuana must be 741  
conducted by a laboratory licensed under this chapter; 742

(12) Specify if a cultivator, processor, retail dispensary, 743  
or laboratory that is licensed under this chapter and that existed 744  
at a location before a school, church, public library, public 745  
playground, or public park became established within one thousand 746  
feet of the cultivator, processor, retail dispensary, or 747  
laboratory, may remain in operation or shall relocate or have its 748  
license revoked by the commission; 749

(13) Establish a program to assist patients who are veterans 750  
or indigent in obtaining medical marijuana in accordance with this 751  
chapter. 752

(C) In addition to the rules described in division (B) of 753  
this section, the department may adopt any other rules, consistent 754  
with commission recommendations, it considers necessary for the 755  
program's administration and the implementation and enforcement of 756  
this chapter. The rules may specify additional diseases or 757  
conditions for which treatment with medical marijuana may be 758  
recommended. 759

Sec. 3796.06. (A) Only the following forms of medical 760  
marijuana may be dispensed under this chapter: 761

(1) Oils; 762

(2) Tinctures; 763

<u>(3) Plant material;</u>	764
<u>(4) Edibles;</u>	765
<u>(5) Patches.</u>	766
<u>(B) With respect to the methods of using medical marijuana,</u> <u>both of the following apply:</u>	767 768
<u>(1) The smoking or combustion of medical marijuana is</u> <u>prohibited.</u>	769 770
<u>(2) The vaporization of medical marijuana is permitted.</u>	771
<u>(C) Any form or method that is considered attractive to</u> <u>children is prohibited.</u>	772 773
<u>(D) With respect to tetrahydrocannabinol content, all of the</u> <u>following apply:</u>	774 775
<u>(1) Plant material shall have a tetrahydrocannabinol content</u> <u>of not less than three per cent and not more than thirty-five per</u> <u>cent.</u>	776 777 778
<u>(2) Extracts shall have a tetrahydrocannabinol content of not</u> <u>more than seventy per cent.</u>	779 780
<u>Sec. 3796.07. (A) (1) The medical marijuana control commission</u> <u>shall establish and maintain a medical marijuana informational</u> <u>database. The database shall contain the following information:</u>	781 782 783
<u>(a) The number of patients for whom treatment with medical</u> <u>marijuana has been recommended in accordance with this chapter;</u>	784 785
<u>(b) The types of diseases or conditions for which treatment</u> <u>with medical marijuana has been recommended;</u>	786 787
<u>(c) The reasons that treatment with medical marijuana was</u> <u>recommended rather than recommending another form of treatment;</u>	788 789
<u>(d) The forms of or methods of using medical marijuana</u> <u>recommended to patients.</u>	790 791

(2) The commission shall not make public any information reported to or collected by the commission under division (A)(1) of this section that identifies or would tend to identify any specific patient. 792 793 794 795

(B)(1) The commission shall establish and maintain an electronic database to monitor medical marijuana from its seed source through its cultivation, processing, testing, and dispensing. The commission may contract with a separate entity to establish and maintain the electronic database on behalf of the commission. 796 797 798 799 800 801

(2) The electronic database shall allow for information regarding medical marijuana to be updated instantaneously. All persons designated by the commission shall submit to the commission any information the commission determines is necessary for maintaining the electronic database. 802 803 804 805 806

(3) The commission and any entity under contract with the commission shall not make public any information reported to or collected by the commission under this division that identifies or would tend to identify any specific patient. 807 808 809 810

(C) The commission shall establish a toll-free telephone line to respond to inquiries from patients, caregivers, and health professionals regarding adverse reactions to medical marijuana and to provide information about available services and assistance. 811 812 813 814

Sec. 3796.10. (A)(1) A physician seeking to recommend treatment with medical marijuana shall apply to the medical marijuana control commission for registration as a qualifying physician. An application shall be submitted in the manner established in rules adopted under section 3796.04 of the Revised Code. 815 816 817 818 819 820

(2) The commission shall register an applicant as a 821

qualifying physician if both of the following conditions are met: 822

(a) The application is complete and meets the requirements 823  
    established in rules. 824

(b) The applicant demonstrates that the applicant does not 825  
    have an ownership or investment interest in or compensation 826  
    arrangement with an entity licensed under this chapter or an 827  
    applicant for licensure. 828

(3) A registration expires according to the renewal schedule 829  
    established in rules adopted under section 3796.04 of the Revised 830  
    Code and may be renewed in accordance with the procedures 831  
    established in those rules. 832

(B) (1) A qualifying physician may recommend that a patient be 833  
    treated with medical marijuana if the patient has been diagnosed 834  
    with a qualifying medical condition and a physician-patient 835  
    relationship has been established through all of the following: 836

(a) A physical examination of the patient by the physician; 837

(b) A review of the patient's medical history by the 838  
        physician; 839

(c) An expectation of providing care and receiving care on an 840  
        ongoing basis. 841

(2) In the case of a patient who is a minor, the qualifying 842  
    physician may recommend treatment with medical marijuana only 843  
    after obtaining the consent of the patient's parent or other 844  
    person responsible for providing consent to treatment. 845

(C) (1) When issuing a recommendation to a patient, the 846  
    qualifying physician shall specify the following: 847

(a) The one or more forms of medical marijuana that may be 848  
        dispensed to the patient; 849

(b) The amount of tetrahydrocannabinol allowed in medical 850  
        marijuana dispensed to the patient; 851



(c) The one or more methods by which the patient may use 852  
medical marijuana. 853

The qualifying physician may also specify on the 854  
recommendation the disease or condition for which treatment with 855  
medical marijuana was recommended. The physician may use a 856  
classification included in the "International Statistical 857  
Classification of Diseases and Related Health Problems" when 858  
specifying the disease or condition. 859

(2) A recommendation issued to a patient under this section 860  
is valid for a period of not more than ninety days. The physician 861  
may renew the recommendation for an additional period of not more 862  
than ninety days after an in-person follow-up appointment with the 863  
patient. During the one-year period beginning on the date of the 864  
follow-up appointment, the physician may renew the recommendation 865  
for not more than three additional periods of not more than ninety 866  
days each. Thereafter, the physician may issue another 867  
recommendation to the patient only upon a physical examination of 868  
the patient at least annually. 869

(D) When recommending treatment with medical marijuana, a 870  
qualifying physician shall maintain a record for each patient that 871  
includes all of the following: 872

(1) The disease or condition for which treatment with medical 873  
marijuana has been recommended; 874

(2) The one or more reasons that treatment with medical 875  
marijuana was recommended for the patient rather than recommending 876  
another form of treatment; 877

(3) The one or more forms of or methods of using medical 878  
marijuana recommended for the patient. 879

(E) Except as provided in division (E)(3) of this section, 880  
each qualifying physician shall submit reports to the commission 881  
and state medical board as follows: 882

(1) At intervals not exceeding ninety days, the physician 883  
shall submit a report that includes all of the following for the 884  
period covered by the report: 885

(a) The number of patients for whom the physician has 886  
recommended treatment with medical marijuana; 887

(b) The diseases or conditions for which the treatment has 888  
been recommended; 889

(c) The reasons that treatment with medical marijuana was 890  
recommended rather than recommending other forms of treatment; 891

(d) The forms of and methods of using medical marijuana 892  
recommended to patients. 893

(2) Annually, the physician shall submit a report that 894  
describes the physician's observations regarding the effectiveness 895  
of medical marijuana in treating the physician's patients during 896  
the year covered by the report. 897

When submitting reports to the commission and board as 898  
required by divisions (E)(1) and (2) of this section, a qualifying 899  
physician shall not submit any information that identifies or 900  
would tend to identify any specific patient. 901

(3) With respect to the reporting of diseases or conditions 902  
required by division (E)(1)(b) of this section, a qualifying 903  
physician may satisfy the requirement if each recommendation the 904  
physician issues includes classifications from the "International 905  
Statistical Classification of Diseases and Related Health 906  
Problems" and the retail dispensaries that dispense medical 907  
marijuana for the physician's patients include the classifications 908  
in the reports required by section 4729.771 of the Revised Code. 909

(F) Each qualifying physician shall complete the number of 910  
hours of continuing medical education in medical marijuana 911  
specified by the state medical board in rules adopted under 912

section 4731.283 of the Revised Code. 913

(G) A qualifying physician shall not do any of the following: 914

(1) Personally furnish or otherwise dispense medical 915  
marijuana; 916

(2) Issue a recommendation for the qualifying physician's 917  
self. 918

Sec. 3796.11. (A) A patient seeking to use medical marijuana 919  
or a caregiver seeking to assist a patient in the use of medical 920  
marijuana shall apply to the medical marijuana control commission 921  
for registration. The patient or caregiver shall submit the 922  
application in the manner established in rules adopted under 923  
section 3796.04 of the Revised Code and shall provide a copy of 924  
the recommendation issued by a qualifying physician registered 925  
under this chapter. In the case of a caregiver, the application 926  
shall include the name of the patient that the caregiver seeks to 927  
assist in the use of medical marijuana. If the application is 928  
complete and meets the requirements established in rules, the 929  
commission shall register the patient or caregiver and issue to 930  
the patient or caregiver an identification card. 931

(B) The commission shall not make public any information 932  
reported to or collected by the commission under this section that 933  
identifies or would tend to identify any specific patient. 934

(C) A registration expires according to the renewal schedule 935  
established in rules adopted under section 3796.04 of the Revised 936  
Code and may be renewed in accordance with procedures established 937  
in those rules. 938

Sec. 3796.12. (A) An entity that seeks a license to 939  
cultivate, process, or dispense at retail medical marijuana or to 940  
conduct laboratory testing of medical marijuana shall file an 941  
application with the medical marijuana control commission. The 942

application shall be submitted in accordance with rules adopted 943  
under section 3796.04 of the Revised Code. 944

(B) The commission shall issue a license to an applicant if 945  
all of the following conditions are met: 946

(1) The report of each criminal records check conducted 947  
pursuant to section 3796.13 of the Revised Code with respect to 948  
the application demonstrates that the person subject to the 949  
criminal records check requirement has not been convicted of or 950  
pleaded guilty to any of the disqualifying offenses specified in 951  
rules adopted under section 3796.04 of the Revised Code. 952

(2) The applicant demonstrates that it does not have an 953  
ownership or investment interest in or compensation arrangement 954  
with any of the following: 955

(a) A laboratory licensed under this chapter; 956

(b) An applicant for a license to conduct laboratory testing. 957

(3) The applicant demonstrates that it will not be located 958  
within one thousand feet of a school, church, public library, 959  
public playground, or public park. 960

(4) The applicant meets all other licensure eligibility 961  
conditions established in rules adopted under section 3796.04 of 962  
the Revised Code. 963

(C) The commission shall issue not less than fifteen per cent 964  
of cultivator, processor, retail dispensary, or laboratory 965  
licenses to entities that are owned and controlled by United 966  
States citizens who are residents of this state and are members of 967  
one of the following economically disadvantaged groups: Blacks or 968  
African Americans, American Indians, Hispanics or Latinos, and 969  
Asians. If no applications or an insufficient number of 970  
applications are submitted by such entities that meet the 971  
conditions set forth in division (B) of this section, the licenses 972

shall be issued according to usual procedures. 973

As used in this division, "owned and controlled" means that 974  
at least fifty-one per cent of the business, including corporate 975  
stock if a corporation, is owned by persons who belong to one or 976  
more of the groups set forth in this division, and that those 977  
owners have control over the management and day-to-day operations 978  
of the business and an interest in the capital, assets, and 979  
profits and losses of the business proportionate to their 980  
percentage of ownership. 981

(D) A license expires according to the renewal schedule 982  
established in rules adopted under section 3796.04 of the Revised 983  
Code and may be renewed in accordance with the procedures 984  
established in those rules. 985

Sec. 3796.13. (A) As used in this section, "criminal records 986  
check" has the same meaning as in section 109.572 of the Revised 987  
Code. 988

(B)(1) As part of the application process for a license 989  
issued under this chapter, the medical marijuana control 990  
commission shall require each of the following to complete a 991  
criminal records check: 992

(a) An administrator or other person responsible for the 993  
daily operation of the entity seeking the license: 994

(b) An owner or prospective owner, officer or prospective 995  
officer, or board member or prospective board member of the entity 996  
seeking the license. 997

(2) If a person subject to the criminal records check 998  
requirement does not present proof of having been a resident of 999  
this state for the five-year period immediately prior to the date 1000  
the criminal records check is requested or provide evidence that 1001  
within that five-year period the superintendent of the bureau of 1002

criminal identification and investigation has requested 1003  
information about the person from the federal bureau of 1004  
investigation in a criminal records check, the commission shall 1005  
request that the person obtain through the superintendent a 1006  
criminal records request from the federal bureau of investigation 1007  
as part of the criminal records check of the person. Even if a 1008  
person presents proof of having been a resident of this state for 1009  
the five-year period, the commission may request that the person 1010  
obtain information through the superintendent from the federal 1011  
bureau of investigation in the criminal records check. 1012

(C) The commission shall provide the following to each person 1013  
who is subject to the criminal records check requirement: 1014

(1) Information about accessing, completing, and forwarding 1015  
to the superintendent of the bureau of criminal identification and 1016  
investigation the form prescribed pursuant to division (C) (1) of 1017  
section 109.572 of the Revised Code and the standard impression 1018  
sheet to obtain fingerprint impressions prescribed pursuant to 1019  
division (C) (2) of that section: 1020

(2) Written notification that the person is to instruct the 1021  
superintendent to submit the completed report of the criminal 1022  
records check directly to the commission. 1023

(D) Each person who is subject to the criminal records check 1024  
requirement shall pay to the bureau of criminal identification and 1025  
investigation the fee prescribed pursuant to division (C) (3) of 1026  
section 109.572 of the Revised Code for the criminal records check 1027  
conducted of the person. 1028

(E) The report of any criminal records check conducted by the 1029  
bureau of criminal identification and investigation in accordance 1030  
with section 109.572 of the Revised Code and pursuant to a request 1031  
made under this section is not a public record for the purposes of 1032  
section 149.43 of the Revised Code and shall not be made available 1033

to any person other than the following: 1034

(1) The person who is the subject of the criminal records 1035  
check or the person's representative; 1036

(2) The members and staff of the commission; 1037

(3) A court, hearing officer, or other necessary individual 1038  
involved in a case dealing with either of the following: 1039

(a) A license denial resulting from the criminal records 1040  
check; 1041

(b) A civil or criminal action regarding the medical 1042  
marijuana control program or any violation of this chapter. 1043

(F) The commission shall deny a license if, after receiving 1044  
the information and notification required by this section, a 1045  
person subject to the criminal records check requirement fails to 1046  
do either of the following: 1047

(1) Access, complete, or forward to the superintendent of the 1048  
bureau of criminal identification and investigation the form 1049  
prescribed pursuant to division (C)(1) of section 109.572 of the 1050  
Revised Code or the standard impression sheet prescribed pursuant 1051  
to division (C)(2) of that section; 1052

(2) Instruct the superintendent to submit the completed 1053  
report of the criminal records check directly to the commission. 1054

Sec. 3796.14. (A) The medical marijuana control commission 1055  
may suspend or revoke a license or registration issued under this 1056  
chapter or may impose on a license holder a civil penalty in an 1057  
amount to be determined by the commission for any of the reasons 1058  
specified in rules adopted under section 3796.04 of the Revised 1059  
Code. The commission's actions under this division shall be taken 1060  
in accordance with Chapter 119. of the Revised Code. 1061

(B) The commission may inspect the premises of a holder of a 1062

current, valid cultivator, processor, retail dispensary, or 1063  
laboratory license issued under this chapter without prior notice 1064  
to the license holder. 1065

Sec. 3796.15. (A) (1) The medical marijuana control commission 1066  
shall attempt in good faith to negotiate and enter into a 1067  
reciprocity agreement with any other state under which a medical 1068  
marijuana registry identification card or equivalent authorization 1069  
that is issued by the other state is recognized in this state, if 1070  
the commission determines that both of the following apply: 1071

(a) The eligibility requirements imposed by the other state 1072  
for that authorization are substantially comparable to the 1073  
eligibility requirements for a patient or caregiver registration 1074  
and identification card issued under section 3796.11 of the 1075  
Revised Code. 1076

(b) The other state recognizes a patient or caregiver 1077  
registration and identification card issued under section 3796.11 1078  
of the Revised Code. 1079

(2) The commission shall not negotiate any agreement with any 1080  
other state under which an authorization issued by the other state 1081  
is recognized in this state other than as provided in division 1082  
(A) (1) of this section. 1083

(B) If a reciprocity agreement is entered into in accordance 1084  
with division (A) of this section, the authorization issued by the 1085  
other state shall be recognized in this state, shall be accepted 1086  
and valid in this state, and grants the patient or caregiver the 1087  
same right to use, possess, obtain, or administer medical 1088  
marijuana in this state as a patient or caregiver who was 1089  
registered and issued an identification card under section 3796.11 1090  
of the Revised Code. 1091

(C) The department of commerce, consistent with commission 1092



recommendations, may adopt any rules as necessary to implement 1093  
this section. 1094

Sec. 3796.18. (A) Notwithstanding any conflicting provision 1095  
of the Revised Code and except as provided in division (B) of this 1096  
section, the holder of a current, valid cultivator license issued 1097  
under this chapter may do either of the following: 1098

(1) Cultivate medical marijuana; 1099

(2) Deliver medical marijuana to a processor. 1100

(B) A cultivator license holder shall not cultivate medical 1101  
marijuana for personal, family, or household use. 1102

Sec. 3796.19. (A) Notwithstanding any conflicting provision 1103  
of the Revised Code, the holder of a current, valid processor 1104  
license issued under this chapter may do any of the following: 1105

(1) Obtain medical marijuana from one or more licensed 1106  
cultivators; 1107

(2) Subject to division (B) of this section, process medical 1108  
marijuana obtained from one or more licensed cultivators into a 1109  
form described in section 3796.06 of the Revised Code; 1110

(3) Deliver processed medical marijuana to one or more 1111  
licensed retail dispensaries. 1112

(B) When processing medical marijuana, a licensed processor 1113  
shall do both of the following: 1114

(1) Package the medical marijuana in accordance with 1115  
child-resistant effectiveness standards described in 16 C.F.R. 1116  
1700.15(b) on the effective date of this section; 1117

(2) Label the medical marijuana packaging with the product's 1118  
tetrahydrocannabinol and cannabidiol content. 1119

Sec. 3796.20. (A) Notwithstanding any conflicting provision 1120  
of the Revised Code, the holder of a current, valid retail 1121  
dispensary license issued under this chapter may do both of the 1122  
following: 1123

(1) Obtain medical marijuana from one or more processors; 1124

(2) Dispense medical marijuana in accordance with division 1125  
(B) of this section. 1126

(B) When dispensing medical marijuana, a licensed retail 1127  
dispensary shall do all of the following: 1128

(1) Dispense only upon a showing of a current, valid 1129  
identification card and in accordance with a recommendation issued 1130  
by a qualifying physician registered under section 3796.10 of the 1131  
Revised Code; 1132

(2) Comply with the requirements of section 4729.771 of the 1133  
Revised Code; 1134

(3) Use only employees who have met the training requirements 1135  
established in rules adopted under section 3796.04 of the Revised 1136  
Code; 1137

(4) Label the package containing medical marijuana with the 1138  
following information: 1139

(a) The name and address of the licensed processor and retail 1140  
dispensary; 1141

(b) The name of the patient and caregiver, if any; 1142

(c) The name of the qualifying physician who recommended 1143  
treatment with medical marijuana; 1144

(d) The directions for use as recommended by the qualifying 1145  
physician; 1146

(e) The date on which the medical marijuana was dispensed; 1147

(F) The quantity, strength, kind, and form of medical 1148  
marijuana contained in the package. 1149

(C) A licensed retail dispensary shall not make public any 1150  
information it collects that identifies or would tend to identify 1151  
any specific patient. 1152

Sec. 3796.21. (A) Notwithstanding any conflicting provision 1153  
of the Revised Code, the holder of a current, valid laboratory 1154  
license issued under this chapter may do both of the following: 1155

(1) Obtain medical marijuana from cultivators, processors, 1156  
and retail dispensaries licensed under this chapter: 1157

(2) Conduct medical marijuana testing. 1158

(B) When testing medical marijuana, a licensed laboratory 1159  
shall do both of the following: 1160

(1) Test the marijuana for potency, homogeneity, and 1161  
contamination; 1162

(2) Prepare a report of the test results. 1163

Sec. 3796.22. (A) Notwithstanding any conflicting provision 1164  
of the Revised Code, a patient registered under this chapter who 1165  
obtains medical marijuana from a retail dispensary licensed under 1166  
this chapter may do both of the following: 1167

(1) Use medical marijuana; 1168

(2) Possess medical marijuana, subject to division (B) of 1169  
this section. 1170

(B) The amount of medical marijuana possessed by a registered 1171  
patient shall not exceed a ninety-day supply, as determined by the 1172  
qualifying physician. 1173

(C) A registered patient shall not be subject to arrest or 1174  
criminal prosecution for obtaining, using, or possessing medical 1175

marijuana in accordance with this chapter. 1176

(D) This section does not authorize a registered patient to 1177  
operate a vehicle, streetcar, trackless trolley, watercraft, or 1178  
aircraft while under the influence of medical marijuana. 1179

Sec. 3796.23. (A) Notwithstanding any conflicting provision 1180  
of the Revised Code, a caregiver registered under this chapter who 1181  
obtains medical marijuana from a retail dispensary licensed under 1182  
this chapter may do both of the following: 1183

(1) Possess medical marijuana on behalf of a registered 1184  
patient under the caregiver's care, subject to division (B) of 1185  
this section; 1186

(2) Assist a registered patient under the caregiver's care in 1187  
the use or administration of medical marijuana. 1188

(B) The amount of medical marijuana possessed by a registered 1189  
caregiver on behalf of a registered patient shall not exceed a 1190  
ninety-day supply, as determined by the qualifying physician. If a 1191  
caregiver provides care to more than one registered patient, the 1192  
caregiver shall maintain separate inventories of medical marijuana 1193  
for each patient. 1194

(C) A registered caregiver shall not be subject to arrest or 1195  
criminal prosecution for any of following actions done in 1196  
accordance with this chapter: 1197

(1) Obtaining or possessing medical marijuana on behalf of a 1198  
registered patient; 1199

(2) Assisting a registered patient in the use or 1200  
administration of medical marijuana. 1201

(D) This section does not permit a registered caregiver to 1202  
personally use medical marijuana, unless the caregiver is also a 1203  
registered patient. 1204

Sec. 3796.24. (A) The holder of a license, as defined in 1205  
section 4776.01 of the Revised Code, is not subject to 1206  
professional disciplinary action solely for engaging in 1207  
professional or occupational activities related to medical 1208  
marijuana. 1209

(B) Unless there is clear and convincing evidence that a 1210  
child is unsafe, the use, possession, or administration of medical 1211  
marijuana in accordance with section 3796.22 of the Revised Code 1212  
shall not be the sole or primary basis for any of the following: 1213

(1) An adjudication under section 2151.28 of the Revised Code 1214  
determining that a child is an abused, neglected, or dependent 1215  
child; 1216

(2) An allocation of parental rights and responsibilities 1217  
under section 3109.04 of the Revised Code; 1218

(3) A parenting time order under section 3109.051 or 3109.12 1219  
of the Revised Code. 1220

Sec. 3796.26. A qualifying physician registered under this 1221  
chapter or cultivator, processor, laboratory, or retail dispensary 1222  
licensed under this chapter shall not advertise any services 1223  
related to medical marijuana on a radio or television broadcast. 1224

Sec. 3796.27. (A) As used in this section: 1225

(1) "Financial institution" means any of the following: 1226

(a) Any bank, trust company, savings and loan association, 1227  
savings bank, or credit union or any affiliate, agent, or employee 1228  
of a bank, trust company, savings and loan association, savings 1229  
bank, or credit union; 1230

(b) Any money transmitter licensed under sections 1315.01 to 1231  
1315.18 of the Revised Code or any affiliate, agent, or employee 1232

of such a licensee. 1233

(2) "Financial services" means services that a financial institution is authorized to provide under Title XI, sections 1315.01 to 1315.18, or Chapter 1733, of the Revised Code, as applicable. 1234 1235 1236 1237

(B) A financial institution that provides financial services to any cultivator, processor, retail dispensary, or laboratory licensed under this chapter shall be exempt from any criminal law of this state an element of which may be proven by substantiating that a person provides financial services to a person who possesses, delivers, or manufactures marijuana or marijuana derived products, including section 2925.05 of the Revised Code and sections 2923.01 and 2923.03 of the Revised Code as those sections apply to violations of Chapter 2925, of the Revised Code, if the cultivator, processor, retail dispensary, or laboratory is in compliance with this chapter and the applicable tax laws of this state. 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249

(C) (1) Notwithstanding section 149.43 of the Revised Code or any other public records law to the contrary, upon the request of a financial institution, the medical marijuana control commission shall provide to the financial institution all of the following information: 1250 1251 1252 1253 1254

(a) Whether a person with whom the financial institution is seeking to do business is a cultivator, processor, retail dispensary, or laboratory licensed under this chapter; 1255 1256 1257

(b) The name of any other business or individual affiliated with the person; 1258 1259

(c) A copy of the application for a license under this chapter, and any supporting documentation, that was submitted by the person; 1260 1261 1262

(d) If applicable, information relating to sales and volume 1263

of product sold by the person; 1264

(e) Whether the person is in compliance with this chapter; 1265

(f) Any past or pending violation by the person of this 1266  
chapter, and any penalty imposed on the person for such a 1267  
violation. 1268

(2) The commission may charge a financial institution a 1269  
reasonable fee to cover the administrative cost of providing the 1270  
information. 1271

(D)(1) Notwithstanding section 149.43 of the Revised Code or 1272  
any other public records law to the contrary or any law relating 1273  
to the confidentiality of tax return information, upon the request 1274  
of a financial institution, the department of taxation shall 1275  
provide to the financial institution all of the following 1276  
information: 1277

(a) Whether a cultivator, processor, retail dispensary, or 1278  
laboratory licensed under this chapter with whom the financial 1279  
institution is seeking to do business is in compliance with the 1280  
applicable tax laws of this state; 1281

(b) Any past or pending violation by the person of those tax 1282  
laws, and any penalty imposed on the person for such a violation. 1283

(2) The department may charge a financial institution a 1284  
reasonable fee to cover the administrative cost of providing the 1285  
information. 1286

(E) Information received by a financial institution under 1287  
division (C) or (D) of this section is confidential. Except as 1288  
otherwise permitted by other state law or federal law, a financial 1289  
institution shall not make the information available to any person 1290  
other than the customer to whom the information applies and any 1291  
trustee, conservator, guardian, personal representative, or agent 1292  
of that customer. 1293

<u>Sec. 3796.28. (A) Nothing in this chapter does any of the</u>	1294
<u>following:</u>	1295
<u>(1) Requires an employer to permit or accommodate an</u>	1296
<u>employee's use, possession, or distribution of medical marijuana;</u>	1297
<u>(2) Prohibits an employer from refusing to hire, discharging,</u>	1298
<u>disciplining, or otherwise taking an adverse employment action</u>	1299
<u>against a person with respect to hire, tenure, terms, conditions,</u>	1300
<u>or privileges of employment because of that person's use,</u>	1301
<u>possession, or distribution of medical marijuana;</u>	1302
<u>(3) Prohibits an employer from establishing and enforcing a</u>	1303
<u>drug testing policy, drug-free workplace policy, or zero-tolerance</u>	1304
<u>drug policy;</u>	1305
<u>(4) Interferes with any federal restrictions on employment,</u>	1306
<u>including the regulations adopted by the United States department</u>	1307
<u>of transportation in Title 49 of the Code of Federal Regulations,</u>	1308
<u>as amended;</u>	1309
<u>(5) Permits a person to commence a cause of action against an</u>	1310
<u>employer for refusing to hire, discharging, disciplining,</u>	1311
<u>discriminating, retaliating, or otherwise taking an adverse</u>	1312
<u>employment action against a person with respect to hire, tenure,</u>	1313
<u>terms, conditions, or privileges of employment related to medical</u>	1314
<u>marijuana;</u>	1315
<u>(6) Affects the authority of the administrator of workers'</u>	1316
<u>compensation to grant rebates or discounts on premium rates to</u>	1317
<u>employers that participate in a drug-free workplace program</u>	1318
<u>established in accordance with rules adopted by the administrator</u>	1319
<u>under Chapter 4123. of the Revised Code.</u>	1320
<u>(B) A person who is discharged from employment because of</u>	1321
<u>that person's use of medical marijuana shall be considered to have</u>	1322
<u>been discharged for just cause for purposes of division (D) of</u>	1323



section 4141.29 of the Revised Code. 1324

Sec. 3796.29. The legislative authority of a municipal 1325  
corporation may adopt an ordinance, or a board of township 1326  
trustees may adopt a resolution, to prohibit, or limit the number 1327  
of, retail dispensaries of medical marijuana licensed under this 1328  
chapter within the municipal corporation or within the 1329  
unincorporated territory of the township, respectively. 1330

Sec. 3796.30. (A) No medical marijuana cultivator, processor, 1331  
retail dispensary, or laboratory that tests medical marijuana 1332  
shall be located within one thousand feet of the boundaries of a 1333  
parcel of real estate having situated on it a school, church, 1334  
public library, public playground, or public park. 1335

If the relocation of a cultivator, processor, retail 1336  
dispensary, or laboratory licensed under this chapter results in 1337  
the cultivator, processor, retail dispensary, or laboratory being 1338  
located within one thousand feet of the boundaries of a parcel of 1339  
real estate having situated on it a school, church, public 1340  
library, public playground, or public park, the medical marijuana 1341  
control commission shall revoke the license previously issued to 1342  
the cultivator, processor, retail dispensary, or laboratory. 1343

(B) As used in this section and sections 3796.04 and 3796.12 1344  
of the Revised Code: 1345

"Church" has the meaning defined in section 1710.01 of the 1346  
Revised Code. 1347

"Public library" means a library provided for under Chapter 1348  
3375, of the Revised Code. 1349

"Public park" means a park established by the state or a 1350  
political subdivision of the state including a county, township, 1351  
municipal corporation, or park district. 1352

"Public playground" means a playground established by the 1353  
state or a political subdivision of the state including a county, 1354  
township, municipal corporation, or park district. 1355

"School" means a child day-care center as defined under 1356  
section 5104.01 of the Revised Code, a preschool as defined under 1357  
section 2950.034 of the Revised Code, or a public or nonpublic 1358  
primary school or secondary school. 1359

**Sec. 4123.54.** (A) Except as otherwise provided in this 1360  
division or divisions (I) and (K) of this section, every employee, 1361  
who is injured or who contracts an occupational disease, and the 1362  
dependents of each employee who is killed, or dies as the result 1363  
of an occupational disease contracted in the course of employment, 1364  
wherever ~~such~~ the injury has occurred or occupational disease has 1365  
been contracted, ~~provided the same were not:~~ 1366

~~(1) Purposely self-inflicted; or~~ 1367

~~(2) Caused by the employee being intoxicated or under the~~ 1368  
~~influence of a controlled substance not prescribed by a physician~~ 1369  
~~where the intoxication or being under the influence of the~~ 1370  
~~controlled substance not prescribed by a physician was the~~ 1371  
~~proximate cause of the injury, is entitled to receive, either~~ 1372  
~~directly from the employee's self-insuring employer as provided in~~ 1373  
~~section 4123.35 of the Revised Code, or from the state insurance~~ 1374  
~~fund, the compensation for loss sustained on account of the~~ 1375  
injury, occupational disease, or death, and the medical, nurse, 1376  
and hospital services and medicines, and the amount of funeral 1377  
expenses in case of death, as are provided by this chapter. The 1378  
compensation and benefits shall be provided, as applicable, 1379  
directly from the employee's self-insuring employer as provided in 1380  
section 4123.35 of the Revised Code or from the state insurance 1381  
fund. An employee or dependent is not entitled to receive 1382  
compensation or benefits under this division if the employee's 1383

injury or occupational disease is either of the following: 1384

(1) Purposely self-inflicted; 1385

(2) Caused by the employee being intoxicated, under the 1386  
influence of a controlled substance not prescribed by a physician, 1387  
or under the influence of marihuana if being intoxicated, under 1388  
the influence of a controlled substance not prescribed by a 1389  
physician, or under the influence of marihuana was the proximate 1390  
cause of the injury. 1391

(B) For the purpose of this section, provided that an 1392  
employer has posted written notice to employees that the results 1393  
of, or the employee's refusal to submit to, any chemical test 1394  
described under this division may affect the employee's 1395  
eligibility for compensation and benefits pursuant to this chapter 1396  
and Chapter 4121. of the Revised Code, there is a rebuttable 1397  
presumption that an employee is intoxicated ~~or~~ under the 1398  
influence of a controlled substance not prescribed by the 1399  
employee's physician, or under the influence of marihuana and that 1400  
being intoxicated ~~or~~ under the influence of a controlled 1401  
substance not prescribed by the employee's physician, or under the 1402  
influence of marihuana is the proximate cause of an injury under 1403  
either of the following conditions: 1404

(1) When any one or more of the following is true: 1405

(a) The employee, through a qualifying chemical test 1406  
administered within eight hours of an injury, is determined to 1407  
have an alcohol concentration level equal to or in excess of the 1408  
levels established in divisions (A) (1) (b) to (i) of section 1409  
4511.19 of the Revised Code; 1410

(b) The employee, through a qualifying chemical test 1411  
administered within thirty-two hours of an injury, is determined 1412  
to have one of the following controlled substances not prescribed 1413  
by the employee's physician or marihuana in the employee's system 1414

that tests above the following levels in an enzyme multiplied 1415  
immunoassay technique screening test and above the levels 1416  
established in division (B) (1) (c) of this section in a gas 1417  
chromatography mass spectrometry test: 1418

(i) For amphetamines, one thousand nanograms per milliliter 1419  
of urine; 1420

(ii) For cannabinoids, fifty nanograms per milliliter of 1421  
urine; 1422

(iii) For cocaine, including crack cocaine, three hundred 1423  
nanograms per milliliter of urine; 1424

(iv) For opiates, two thousand nanograms per milliliter of 1425  
urine; 1426

(v) For phencyclidine, twenty-five nanograms per milliliter 1427  
of urine. 1428

(c) The employee, through a qualifying chemical test 1429  
administered within thirty-two hours of an injury, is determined 1430  
to have one of the following controlled substances not prescribed 1431  
by the employee's physician or marijuana in the employee's system 1432  
that tests above the following levels by a gas chromatography mass 1433  
spectrometry test: 1434

(i) For amphetamines, five hundred nanograms per milliliter 1435  
of urine; 1436

(ii) For cannabinoids, fifteen nanograms per milliliter of 1437  
urine; 1438

(iii) For cocaine, including crack cocaine, one hundred fifty 1439  
nanograms per milliliter of urine; 1440

(iv) For opiates, two thousand nanograms per milliliter of 1441  
urine; 1442

(v) For phencyclidine, twenty-five nanograms per milliliter 1443  
of urine. 1444

(d) The employee, through a qualifying chemical test 1445  
administered within thirty-two hours of an injury, is determined 1446  
to have barbiturates, benzodiazepines, methadone, or propoxyphene 1447  
in the employee's system that tests above levels established by 1448  
laboratories certified by the United States department of health 1449  
and human services. 1450

(2) When the employee refuses to submit to a requested 1451  
chemical test, on the condition that that employee is or was given 1452  
notice that the refusal to submit to any chemical test described 1453  
in division (B) (1) of this section may affect the employee's 1454  
eligibility for compensation and benefits under this chapter and 1455  
Chapter 4121. of the Revised Code. 1456

(C) (1) For purposes of division (B) of this section, a 1457  
chemical test is a qualifying chemical test if it is administered 1458  
to an employee after an injury under at least one of the following 1459  
conditions: 1460

(a) When the employee's employer had reasonable cause to 1461  
suspect that the employee may be intoxicated ~~or~~ under the 1462  
influence of a controlled substance not prescribed by the 1463  
employee's physician, or under the influence of marihuana; 1464

(b) At the request of a police officer pursuant to section 1465  
4511.191 of the Revised Code, and not at the request of the 1466  
employee's employer; 1467

(c) At the request of a licensed physician who is not 1468  
employed by the employee's employer, and not at the request of the 1469  
employee's employer. 1470

(2) As used in division (C) (1) (a) of this section, 1471  
"reasonable cause" means, but is not limited to, evidence that an 1472  
employee is or was using alcohol ~~or~~ a controlled substance, or 1473  
marihuana drawn from specific, objective facts and reasonable 1474  
inferences drawn from these facts in light of experience and 1475

training. These facts and inferences may be based on, but are not 1476  
limited to, any of the following: 1477

(a) Observable phenomena, such as direct observation of use, 1478  
possession, or distribution of alcohol ~~or~~ a controlled substance, 1479  
or marihuana, or of the physical symptoms of being under the 1480  
influence of alcohol ~~or~~ a controlled substance, or marihuana, 1481  
such as but not limited to slurred speech, dilated pupils, odor 1482  
of alcohol ~~or~~ a controlled substance, or marihuana; changes in 1483  
affect, or dynamic mood swings; 1484

(b) A pattern of abnormal conduct, erratic or aberrant 1485  
behavior, or deteriorating work performance such as frequent 1486  
absenteeism, excessive tardiness, or recurrent accidents, that 1487  
appears to be related to the use of alcohol ~~or~~ a controlled 1488  
substance, or marihuana, and does not appear to be attributable to 1489  
other factors; 1490

(c) The identification of an employee as the focus of a 1491  
criminal investigation into unauthorized possession, use, or 1492  
trafficking of a controlled substance or marihuana; 1493

(d) A report of use of alcohol ~~or~~ a controlled substance, or 1494  
marihuana provided by a reliable and credible source; 1495

(e) Repeated or flagrant violations of the safety or work 1496  
rules of the employee's employer, that are determined by the 1497  
employee's supervisor to pose a substantial risk of physical 1498  
injury or property damage and that appear to be related to the use 1499  
of alcohol ~~or~~ a controlled substance, or marihuana and that do 1500  
not appear attributable to other factors. 1501

(D) Nothing in this section shall be construed to affect the 1502  
rights of an employer to test employees for alcohol or controlled 1503  
substance abuse. 1504

(E) For the purpose of this section, laboratories certified 1505  
by the United States department of health and human services or 1506

laboratories that meet or exceed the standards of that department 1507  
for laboratory certification shall be used for processing the test 1508  
results of a qualifying chemical test. 1509

(F) The written notice required by division (B) of this 1510  
section shall be the same size or larger than the proof of 1511  
workers' compensation coverage furnished by the bureau of workers' 1512  
compensation and shall be posted by the employer in the same 1513  
location as the proof of workers' compensation coverage or the 1514  
certificate of self-insurance. 1515

(G) If a condition that pre-existed an injury is 1516  
substantially aggravated by the injury, and that substantial 1517  
aggravation is documented by objective diagnostic findings, 1518  
objective clinical findings, or objective test results, no 1519  
compensation or benefits are payable because of the pre-existing 1520  
condition once that condition has returned to a level that would 1521  
have existed without the injury. 1522

(H) (1) Whenever, with respect to an employee of an employer 1523  
who is subject to and has complied with this chapter, there is 1524  
possibility of conflict with respect to the application of 1525  
workers' compensation laws because the contract of employment is 1526  
entered into and all or some portion of the work is or is to be 1527  
performed in a state or states other than Ohio, the employer and 1528  
the employee may agree to be bound by the laws of this state or by 1529  
the laws of some other state in which all or some portion of the 1530  
work of the employee is to be performed. The agreement shall be in 1531  
writing and shall be filed with the bureau of workers' 1532  
compensation within ten days after it is executed and shall remain 1533  
in force until terminated or modified by agreement of the parties 1534  
similarly filed. If the agreement is to be bound by the laws of 1535  
this state and the employer has complied with this chapter, then 1536  
the employee is entitled to compensation and benefits regardless 1537  
of where the injury occurs or the disease is contracted and the 1538

rights of the employee and the employee's dependents under the 1539  
laws of this state are the exclusive remedy against the employer 1540  
on account of injury, disease, or death in the course of and 1541  
arising out of the employee's employment. If the agreement is to 1542  
be bound by the laws of another state and the employer has 1543  
complied with the laws of that state, the rights of the employee 1544  
and the employee's dependents under the laws of that state are the 1545  
exclusive remedy against the employer on account of injury, 1546  
disease, or death in the course of and arising out of the 1547  
employee's employment without regard to the place where the injury 1548  
was sustained or the disease contracted. If an employer and an 1549  
employee enter into an agreement under this division, the fact 1550  
that the employer and the employee entered into that agreement 1551  
shall not be construed to change the status of an employee whose 1552  
continued employment is subject to the will of the employer or the 1553  
employee, unless the agreement contains a provision that expressly 1554  
changes that status. 1555

(2) If an employee or the employee's dependents receive an 1556  
award of compensation or benefits under this chapter or Chapter 1557  
4121., 4127., or 4131. of the Revised Code for the same injury, 1558  
occupational disease, or death for which the employee or the 1559  
employee's dependents previously pursued or otherwise elected to 1560  
accept workers' compensation benefits and received a decision on 1561  
the merits as defined in section 4123.542 of the Revised Code 1562  
under the laws of another state or recovered damages under the 1563  
laws of another state, the claim shall be disallowed and the 1564  
administrator or any self-insuring employer, by any lawful means, 1565  
may collect from the employee or the employee's dependents any of 1566  
the following: 1567

~~41~~(a) The amount of compensation or benefits paid to or on 1568  
behalf of the employee or the employee's dependents by the 1569  
administrator or a self-insuring employer pursuant to this chapter 1570



or Chapter 4121., 4127., or 4131. of the Revised Code for that 1571  
award; 1572

~~(i)~~(b) Any interest, attorney's fees, and costs the 1573  
administrator or the self-insuring employer incurs in collecting 1574  
that payment. 1575

(3) If an employee or the employee's dependents receive an 1576  
award of compensation or benefits under this chapter or Chapter 1577  
4121., 4127., or 4131. of the Revised Code and subsequently pursue 1578  
or otherwise elect to accept workers' compensation benefits or 1579  
damages under the laws of another state for the same injury, 1580  
occupational disease, or death the claim under this chapter or 1581  
Chapter 4121., 4127., or 4131. of the Revised Code shall be 1582  
disallowed. The administrator or a self-insuring employer, by any 1583  
lawful means, may collect from the employee or the employee's 1584  
dependents or other-states' insurer any of the following: 1585

~~(i)~~(a) The amount of compensation or benefits paid to or on 1586  
behalf of the employee or the employee's dependents by the 1587  
administrator or the self-insuring employer pursuant to this 1588  
chapter or Chapter 4121., 4127., or 4131. of the Revised Code for 1589  
that award; 1590

~~(i)~~(b) Any interest, costs, and attorney's fees the 1591  
administrator or the self-insuring employer incurs in collecting 1592  
that payment; 1593

~~(i)~~(c) Any costs incurred by an employer in contesting or 1594  
responding to any claim filed by the employee or the employee's 1595  
dependents for the same injury, occupational disease, or death 1596  
that was filed after the original claim for which the employee or 1597  
the employee's dependents received a decision on the merits as 1598  
described in section 4123.542 of the Revised Code. 1599

(4) If the employee's employer pays premiums into the state 1600  
insurance fund, the administrator shall not charge the amount of 1601

compensation or benefits the administrator collects pursuant to 1602  
division (H) (2) or (3) of this section to the employer's 1603  
experience. If the administrator collects any costs incurred by an 1604  
employer in contesting or responding to any claim pursuant to 1605  
division (H) (2) or (3) of this section, the administrator shall 1606  
forward the amount collected to that employer. If the employee's 1607  
employer is a self-insuring employer, the self-insuring employer 1608  
shall deduct the amount of compensation or benefits the 1609  
self-insuring employer collects pursuant to this division from the 1610  
paid compensation the self-insuring employer reports to the 1611  
administrator under division (L) of section 4123.35 of the Revised 1612  
Code. 1613

(5) If an employee is a resident of a state other than this 1614  
state and is insured under the workers' compensation law or 1615  
similar laws of a state other than this state, the employee and 1616  
the employee's dependents are not entitled to receive compensation 1617  
or benefits under this chapter, on account of injury, disease, or 1618  
death arising out of or in the course of employment while 1619  
temporarily within this state, and the rights of the employee and 1620  
the employee's dependents under the laws of the other state are 1621  
the exclusive remedy against the employer on account of the 1622  
injury, disease, or death. 1623

(6) An employee, or the dependent of an employee, who elects 1624  
to receive compensation and benefits under this chapter or Chapter 1625  
4121., 4127., or 4131. of the Revised Code for a claim may not 1626  
receive compensation and benefits under the workers' compensation 1627  
laws of any state other than this state for that same claim. For 1628  
each claim submitted by or on behalf of an employee, the 1629  
administrator or, if the employee is employed by a self-insuring 1630  
employer, the self-insuring employer, shall request the employee 1631  
or the employee's dependent to sign an election that affirms the 1632  
employee's or employee's dependent's acceptance of electing to 1633

receive compensation and benefits under this chapter or Chapter 1634  
4121., 4127., or 4131. of the Revised Code for that claim that 1635  
also affirmatively waives and releases the employee's or the 1636  
employee's dependent's right to file for and receive compensation 1637  
and benefits under the laws of any state other than this state for 1638  
that claim. The employee or employee's dependent shall sign the 1639  
election form within twenty-eight days after the administrator or 1640  
self-insuring employer submits the request or the administrator or 1641  
self-insuring employer shall dismiss that claim. 1642

In the event a workers' compensation claim has been filed in 1643  
another jurisdiction on behalf of an employee or the dependents of 1644  
an employee, and the employee or dependents subsequently elect to 1645  
receive compensation, benefits, or both under this chapter or 1646  
Chapter 4121., 4127., or 4131. of the Revised Code, the employee 1647  
or dependent shall withdraw or refuse acceptance of the workers' 1648  
compensation claim filed in the other jurisdiction in order to 1649  
pursue compensation or benefits under the laws of this state. If 1650  
the employee or dependents were awarded workers' compensation 1651  
benefits or had recovered damages under the laws of the other 1652  
state, any compensation and benefits awarded under this chapter or 1653  
~~Chapter~~ Chapter 4121., 4127., or 4131. of the Revised Code shall 1654  
be paid only to the extent to which those payments exceed the 1655  
amounts paid under the laws of the other state. If the employee or 1656  
dependent fails to withdraw or to refuse acceptance of the 1657  
workers' compensation claim in the other jurisdiction within 1658  
twenty-eight days after a request made by the administrator or a 1659  
self-insuring employer, the administrator or self-insuring 1660  
employer shall dismiss the employee's or employee's dependents' 1661  
claim made in this state. 1662

(I) If an employee who is covered under the federal 1663  
"Longshore and Harbor Workers' Compensation Act," 98 Stat. 1639, 1664  
33 U.S.C. 901 et seq., is injured or contracts an occupational 1665

disease or dies as a result of an injury or occupational disease, 1666  
and if that employee's or that employee's dependents' claim for 1667  
compensation or benefits for that injury, occupational disease, or 1668  
death is subject to the jurisdiction of that act, the employee or 1669  
the employee's dependents are not entitled to apply for and shall 1670  
not receive compensation or benefits under this chapter and 1671  
Chapter 4121. of the Revised Code. The rights of such an employee 1672  
and the employee's dependents under the federal "Longshore and 1673  
Harbor Workers' Compensation Act," 98 Stat. 1639, 33 U.S.C. 901 et 1674  
seq., are the exclusive remedy against the employer for that 1675  
injury, occupational disease, or death. 1676

(J) Compensation or benefits are not payable to a claimant 1677  
during the period of confinement of the claimant in any state or 1678  
federal correctional institution, or in any county jail in lieu of 1679  
incarceration in a state or federal correctional institution, 1680  
whether in this or any other state for conviction of violation of 1681  
any state or federal criminal law. 1682

(K) An employer, upon the approval of the administrator, may 1683  
provide for workers' compensation coverage for the employer's 1684  
employees who are professional athletes and coaches by submitting 1685  
to the administrator proof of coverage under a league policy 1686  
issued under the laws of another state under either of the 1687  
following circumstances: 1688

(1) The employer administers the payroll and workers' 1689  
compensation insurance for a professional sports team subject to a 1690  
collective bargaining agreement, and the collective bargaining 1691  
agreement provides for the uniform administration of workers' 1692  
compensation benefits and compensation for professional athletes. 1693

(2) The employer is a professional sports league, or is a 1694  
member team of a professional sports league, and all of the 1695  
following apply: 1696

(a) The professional sports league operates as a single 1697  
entity, whereby all of the players and coaches of the sports 1698  
league are employees of the sports league and not of the 1699  
individual member teams. 1700

(b) The professional sports league at all times maintains 1701  
workers' compensation insurance that provides coverage for the 1702  
players and coaches of the sports league. 1703

(c) Each individual member team of the professional sports 1704  
league, pursuant to the organizational or operating documents of 1705  
the sports league, is obligated to the sports league to pay to the 1706  
sports league any workers' compensation claims that are not 1707  
covered by the workers' compensation insurance maintained by the 1708  
sports league. 1709

If the administrator approves the employer's proof of 1710  
coverage submitted under division (K) of this section, a 1711  
professional athlete or coach who is an employee of the employer 1712  
and the dependents of the professional athlete or coach are not 1713  
entitled to apply for and shall not receive compensation or 1714  
benefits under this chapter and Chapter 4121. of the Revised Code. 1715  
The rights of such an athlete or coach and the dependents of such 1716  
an athlete or coach under the laws of the state where the policy 1717  
was issued are the exclusive remedy against the employer for the 1718  
athlete or coach if the athlete or coach suffers an injury or 1719  
contracts an occupational disease in the course of employment, or 1720  
for the dependents of the athlete or the coach if the athlete or 1721  
coach is killed as a result of an injury or dies as a result of an 1722  
occupational disease, regardless of the location where the injury 1723  
was suffered or the occupational disease was contracted. 1724

Sec. 4729.75. The state board of pharmacy may establish and 1725  
maintain a drug database. The board shall use the drug database to 1726  
monitor the misuse and diversion of the following: controlled 1727

substances, as defined in section 3719.01 of the Revised Code; 1728  
medical marijuana, as authorized under Chapter 3796. of the 1729  
Revised Code; and other dangerous drugs the board includes in the 1730  
database pursuant to rules adopted under section 4729.84 of the 1731  
Revised Code. In establishing and maintaining the database, the 1732  
board shall electronically collect information pursuant to 1733  
sections 4729.77, 4729.771, and 4729.79 of the Revised Code and 1734  
shall disseminate information as authorized or required by 1735  
sections 4729.80 and 4729.81 of the Revised Code. The board's 1736  
collection and dissemination of information shall be conducted in 1737  
accordance with rules adopted under section 4729.84 of the Revised 1738  
Code. 1739

Sec. 4729.771. (A) If the state board of pharmacy establishes 1740  
and maintains a drug database pursuant to section 4729.75 of the 1741  
Revised Code, each retail dispensary licensed under Chapter 3796. 1742  
of the Revised Code by the medical marijuana control commission 1743  
shall submit to the board the following information regarding 1744  
medical marijuana dispensed to a patient: 1745

(1) Retail dispensary identification; 1746

(2) Patient identification; 1747

(3) Recommending physician identification; 1748

(4) Date of physician recommendation; 1749

(5) If provided to the retail dispensary, the "International 1750  
Statistical Classification of Diseases and Related Health 1751  
Problems" classification specified on the recommendation issued by 1752  
the qualifying physician as described in section 3796.10 of the 1753  
Revised Code; 1754

(6) Date marijuana was dispensed; 1755

(7) Form, quality, and clinical strength of marijuana 1756  
dispensed; 1757

<u>(8) Quantity of marijuana dispensed;</u>	1758
<u>(9) Number of days' supply of marijuana dispensed;</u>	1759
<u>(10) Source of payment for the marijuana dispensed.</u>	1760
<u>(B) (1) The information shall be transmitted as specified by</u>	1761
<u>the board in rules adopted under section 4729.84 of the Revised</u>	1762
<u>Code.</u>	1763
<u>(2) The information shall be submitted in accordance with any</u>	1764
<u>time limits specified by the board, except that the board may</u>	1765
<u>grant an extension if either of the following occurs:</u>	1766
<u>(a) The retail dispensary's transmission system suffers a</u>	1767
<u>mechanical or electronic failure or the retail dispensary cannot</u>	1768
<u>meet the deadline for other reasons beyond the dispensary's</u>	1769
<u>control.</u>	1770
<u>(b) The board is unable to receive electronic submissions.</u>	1771
<u>(C) The information required to be submitted under division</u>	1772
<u>(A) of this section may be submitted on behalf of the retail</u>	1773
<u>dispensary by a delegate approved by that dispensary.</u>	1774
 <u>Sec. 4729.80. (A) If the state board of pharmacy establishes</u>	1775
<u>and maintains a drug database pursuant to section 4729.75 of the</u>	1776
<u>Revised Code, the board is authorized or required to provide</u>	1777
<u>information from the database in accordance with the following:</u>	1778
 <u>(1) On receipt of a request from a designated representative</u>	1779
<u>of a government entity responsible for the licensure, regulation,</u>	1780
<u>or discipline of health care professionals with authority to</u>	1781
<u>prescribe, administer, or dispense drugs, the board may provide to</u>	1782
<u>the representative information from the database relating to the</u>	1783
<u>professional who is the subject of an active investigation being</u>	1784
<u>conducted by the government entity.</u>	1785
 <u>(2) On receipt of a request from a federal officer, or a</u>	1786

state or local officer of this or any other state, whose duties 1787  
include enforcing laws relating to drugs, the board shall provide 1788  
to the officer information from the database relating to the 1789  
person who is the subject of an active investigation of a drug 1790  
abuse offense, as defined in section 2925.01 of the Revised Code, 1791  
being conducted by the officer's employing government entity. 1792

(3) Pursuant to a subpoena issued by a grand jury, the board 1793  
shall provide to the grand jury information from the database 1794  
relating to the person who is the subject of an investigation 1795  
being conducted by the grand jury. 1796

(4) Pursuant to a subpoena, search warrant, or court order in 1797  
connection with the investigation or prosecution of a possible or 1798  
alleged criminal offense, the board shall provide information from 1799  
the database as necessary to comply with the subpoena, search 1800  
warrant, or court order. 1801

(5) On receipt of a request from a prescriber or the 1802  
prescriber's delegate approved by the board, the board shall 1803  
provide to the prescriber a report of information from the 1804  
database relating to a patient who is either a current patient of 1805  
the prescriber or a potential patient of the prescriber based on a 1806  
referral of the patient to the prescriber, if all of the following 1807  
conditions are met: 1808

(a) The prescriber certifies in a form specified by the board 1809  
that it is for the purpose of providing medical treatment to the 1810  
patient who is the subject of the request; 1811

(b) The prescriber has not been denied access to the database 1812  
by the board. 1813

(6) On receipt of a request from a pharmacist or the 1814  
pharmacist's delegate approved by the board, the board shall 1815  
provide to the pharmacist information from the database relating 1816  
to a current patient of the pharmacist, if the pharmacist 1817



certifies in a form specified by the board that it is for the 1818  
purpose of the pharmacist's practice of pharmacy involving the 1819  
patient who is the subject of the request and the pharmacist has 1820  
not been denied access to the database by the board. 1821

(7) On receipt of a request from an individual seeking the 1822  
individual's own database information in accordance with the 1823  
procedure established in rules adopted under section 4729.84 of 1824  
the Revised Code, the board may provide to the individual the 1825  
individual's own database information. 1826

(8) On receipt of a request from a medical director or a 1827  
pharmacy director of a managed care organization that has entered 1828  
into a contract with the department of medicaid under section 1829  
5167.10 of the Revised Code and a data security agreement with the 1830  
board required by section 5167.14 of the Revised Code, the board 1831  
shall provide to the medical director or the pharmacy director 1832  
information from the database relating to a medicaid recipient 1833  
enrolled in the managed care organization, including information 1834  
in the database related to prescriptions for the recipient that 1835  
were not covered or reimbursed under a program administered by the 1836  
department of medicaid. 1837

(9) On receipt of a request from the medicaid director, the 1838  
board shall provide to the director information from the database 1839  
relating to a recipient of a program administered by the 1840  
department of medicaid, including information in the database 1841  
related to prescriptions for the recipient that were not covered 1842  
or paid by a program administered by the department. 1843

(10) On receipt of a request from a medical director of a 1844  
managed care organization that has entered into a contract with 1845  
the administrator of workers' compensation under division (B) (4) 1846  
of section 4121.44 of the Revised Code and a data security 1847  
agreement with the board required by section 4121.447 of the 1848  
Revised Code, the board shall provide to the medical director 1849

information from the database relating to a claimant under Chapter 1850  
4121., 4123., 4127., or 4131. of the Revised Code assigned to the 1851  
managed care organization, including information in the database 1852  
related to prescriptions for the claimant that were not covered or 1853  
reimbursed under Chapter 4121., 4123., 4127., or 4131. of the 1854  
Revised Code, if the administrator of workers' compensation 1855  
confirms, upon request from the board, that the claimant is 1856  
assigned to the managed care organization.. 1857

(11) On receipt of a request from the administrator of 1858  
workers' compensation, the board shall provide to the 1859  
administrator information from the database relating to a claimant 1860  
under Chapter 4121., 4123., 4127., or 4131. of the Revised Code, 1861  
including information in the database related to prescriptions for 1862  
the claimant that were not covered or reimbursed under Chapter 1863  
4121., 4123., 4127., or 4131. of the Revised Code. 1864

(12) On receipt of a request from a prescriber or the 1865  
prescriber's delegate approved by the board, the board shall 1866  
provide to the prescriber information from the database relating 1867  
to a patient's mother, if the prescriber certifies in a form 1868  
specified by the board that it is for the purpose of providing 1869  
medical treatment to a newborn or infant patient diagnosed as 1870  
opioid dependent and the prescriber has not been denied access to 1871  
the database by the board. 1872

(13) On receipt of a request from the director of health, the 1873  
board shall provide to the director information from the database 1874  
relating to the duties of the director or the department of health 1875  
in implementing the Ohio violent death reporting system 1876  
established under section 3701.93 of the Revised Code. 1877

(14) On receipt of a request from a requestor described in 1878  
division (A) (1), (2), (5), or (6) of this section who is from or 1879  
participating with another state's prescription monitoring 1880  
program, the board may provide to the requestor information from 1881

the database, but only if there is a written agreement under which  
the information is to be used and disseminated according to the  
laws of this state.

(15) On receipt of a request from a delegate of a retail  
dispensary licensed under Chapter 3796. of the Revised Code who is  
approved by the board to serve as the dispensary's delegate, the  
board shall provide to the delegate a report of information from  
the database relating to a patient, if both of the following  
conditions are met:

(a) The delegate certifies in a form specified by the board  
that it is for the purpose of distributing medical marijuana for  
use in accordance with Chapter 3796. of the Revised Code.

(b) The retail dispensary or delegate has not been denied  
access to the database by the board.

(16) On receipt of a request from a designated representative  
of the medical marijuana control commission, the board shall  
provide to the representative information from the database  
relating to the "International Statistical Classification of  
Diseases and Related Health Problems" classifications used by  
qualifying physicians as reported to the board pursuant to section  
4729.771 of the Revised Code.

(B) The state board of pharmacy shall maintain a record of  
each individual or entity that requests information from the  
database pursuant to this section. In accordance with rules  
adopted under section 4729.84 of the Revised Code, the board may  
use the records to document and report statistics and law  
enforcement outcomes.

The board may provide records of an individual's requests for  
database information to the following:

(1) A designated representative of a government entity that  
is responsible for the licensure, regulation, or discipline of

health care professionals with authority to prescribe, administer, 1913  
or dispense drugs who is involved in an active investigation being 1914  
conducted by the government entity of the individual who submitted 1915  
the requests for database information; 1916

(2) A federal officer, or a state or local officer of this or 1917  
any other state, whose duties include enforcing laws relating to 1918  
drugs and who is involved in an active investigation being 1919  
conducted by the officer's employing government entity of the 1920  
individual who submitted the requests for database information. 1921

(C) Information contained in the database and any information 1922  
obtained from it is not a public record. Information contained in 1923  
the records of requests for information from the database is not a 1924  
public record. Information that does not identify a person may be 1925  
released in summary, statistical, or aggregate form. 1926

(D) A pharmacist or prescriber shall not be held liable in 1927  
damages to any person in any civil action for injury, death, or 1928  
loss to person or property on the basis that the pharmacist or 1929  
prescriber did or did not seek or obtain information from the 1930  
database. 1931

**Sec. 4729.81.** If the state board of pharmacy establishes and 1932  
maintains a drug database pursuant to section 4729.75 of the 1933  
Revised Code, the board shall review the information in the drug 1934  
database. If the board determines from the review that a violation 1935  
of law may have occurred, it shall notify the appropriate law 1936  
enforcement agency or a government entity responsible for the 1937  
licensure, regulation, or discipline of licensed health 1938  
professionals authorized to prescribe drugs and supply information 1939  
required by the agency or entity for an investigation of the 1940  
violation of law that may have occurred. The board ~~also~~ shall 1941  
notify the medicaid director if the board determines that the 1942  
violation may have been committed by a provider of services under 1943

a program administered by the department of medicaid. The board shall notify the medical marijuana control commission if the board determines that a violation may have been committed by a retail dispensary licensed under Chapter 3796. of the Revised Code by the medical marijuana control commission.

**Sec. 4729.82.** If the state board of pharmacy establishes a drug database pursuant to section 4729.75 of the Revised Code, the information collected for the database shall be retained in the database for at least three years. Any information that identifies a patient shall be destroyed after it has been retained for three years unless a law enforcement agency ~~or~~ a government entity responsible for the licensure, regulation, or discipline of licensed health professionals authorized to prescribe drugs, or the medical marijuana control commission has submitted a written request to the board for retention of the information in accordance with rules adopted by the board under section 4729.84 of the Revised Code.

**Sec. 4729.83.** (A) If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, the board may use, for the purpose of establishing or maintaining the database, any portion of the fees collected under section 4729.15, 4729.52, or 4729.54 of the Revised Code for the licensing or registration of pharmacists, pharmacy interns, wholesale distributors of dangerous drugs, or terminal distributors of dangerous drugs. The board shall not increase the amount of any of those fees solely for the purpose of establishing or maintaining the database.

The board shall not impose any charge on a prescriber for the establishment or maintenance of the database. The board shall not impose any charge for the establishment or maintenance of the database on a retail dispensary licensed under Chapter 3796. of

the Revised Code by the medical marijuana control commission. 1975

The board shall not charge any fees for the transmission of 1976  
data to the database or for the receipt of information from the 1977  
database, except that the board may charge a fee in accordance 1978  
with rules adopted under section 4729.84 of the Revised Code to an 1979  
individual who requests the individual's own database information 1980  
under section 4729.80 of the Revised Code. 1981

(B) The board may accept grants, gifts, or donations for 1982  
purposes of the drug database. Any money received shall be 1983  
deposited into the state treasury to the credit of the drug 1984  
database fund, which is hereby created. Money in the fund shall be 1985  
used solely for purposes of the drug database. 1986

**Sec. 4729.84.** For purposes of establishing and maintaining a 1987  
drug database pursuant to section 4729.75 of the Revised Code, the 1988  
state board of pharmacy shall adopt rules in accordance with 1989  
Chapter 119. of the Revised Code to carry out and enforce sections 1990  
4729.75 to 4729.83 of the Revised Code. The rules shall specify 1991  
all of the following: 1992

(A) A means of identifying each patient, each terminal 1993  
distributor of dangerous drugs, ~~and~~ each purchase at wholesale of 1994  
dangerous drugs, and each retail dispensary licensed under Chapter 1995  
3796, of the Revised Code by the medical marijuana control 1996  
commission about which information is entered into the drug 1997  
database; 1998

(B) Requirements for the transmission of information from 1999  
terminal distributors of dangerous drugs, wholesale distributors 2000  
of dangerous drugs, ~~and~~ prescribers, and retail dispensaries; 2001

(C) An electronic format for the submission of information 2002  
from terminal distributors, wholesale distributors, ~~and~~ 2003  
prescribers, and retail dispensaries; 2004

(D) A procedure whereby a terminal distributor-, wholesale distributor, ~~or~~ prescriber, or retail dispensary unable to submit information electronically may obtain a waiver to submit information in another format;

(E) A procedure whereby the board may grant a request from a law enforcement agency ~~or, from~~ a government entity responsible for the licensure, regulation, or discipline of licensed health professionals authorized to prescribe drugs, or from the medical marijuana control commission that information that has been stored for three years be retained when the information pertains to an open investigation being conducted by the agency or entity;

(F) A procedure whereby a terminal distributor, wholesale distributor, ~~or~~ prescriber, or retail dispensary may apply for an extension to the time by which information must be transmitted to the board;

(G) A procedure whereby a person or government entity to which the board is authorized to provide information may submit a request to the board for the information and the board may verify the identity of the requestor;

(H) A procedure whereby the board can use the database request records required by division (B) of section 4729.80 of the Revised Code to document and report statistics and law enforcement outcomes;

(I) A procedure whereby an individual may request the individual's own database information and the board may verify the identity of the requestor;

(J) A reasonable fee that the board may charge under section 4729.83 of the Revised Code for providing an individual with the individual's own database information pursuant to section 4729.80 of the Revised Code;

(K) The other specific dangerous drugs that, in addition to

controlled substances, must be included in the database; 2036

(L) The types of pharmacies licensed as terminal distributors 2037  
of dangerous drugs that are required to submit prescription 2038  
information to the board pursuant to section 4729.77 of the 2039  
Revised Code. 2040

**Sec. 4729.85.** If the state board of pharmacy establishes and 2041  
maintains a drug database pursuant to section 4729.75 of the 2042  
Revised Code, the board shall prepare reports regarding the 2043  
database and present or submit them in accordance with both of the 2044  
following: 2045

(A) The board shall present a biennial report to the standing 2046  
committees of the house of representatives and the senate that are 2047  
primarily responsible for considering health and human services 2048  
issues. Each 2049

Each report shall include all of the following: 2050

(1) The cost to the state of establishing and maintaining the 2051  
database; 2052

(2) Information from the board, terminal distributors of 2053  
dangerous drugs, prescribers, and the board retail dispensaries 2054  
licensed under Chapter 3796. of the Revised Code by the medical 2055  
marijuana control commission regarding the board's effectiveness 2056  
in providing information from the database; 2057

(3) The board's timeliness in transmitting information from 2058  
the database. 2059

(B) The board shall submit a semiannual report to the 2060  
governor, the president of the senate, the speaker of the house of 2061  
representatives, the attorney general, the chairpersons of the 2062  
standing committees of the house of representatives and the senate 2063  
that are primarily responsible for considering health and human 2064  
services issues, the department of public safety, the medical 2065



marijuana control commission, the state dental board, the board of 2066  
nursing, the state board of optometry, the state medical board, 2067  
and the state veterinary medical licensing board. The state board 2068  
of pharmacy shall make the report available to the public on its 2069  
internet web site. Each report submitted shall include all of the 2070  
following for the period covered by the report: 2071

(1) An aggregate of the information submitted to the board 2072  
under section 4729.77 of the Revised Code regarding prescriptions 2073  
for controlled substances containing opioids, including all of the 2074  
following: 2075

(a) The number of prescribers who issued the prescriptions; 2076

(b) The number of patients to whom the controlled substances 2077  
were dispensed; 2078

(c) The average quantity of the controlled substances 2079  
dispensed per prescription; 2080

(d) The average daily morphine equivalent dose of the 2081  
controlled substances dispensed per prescription. 2082

(2) An aggregate of the information submitted to the board 2083  
under section 4729.79 of the Revised Code regarding controlled 2084  
substances containing opioids that have been personally furnished 2085  
to a patient by a prescriber, other than a prescriber who is a 2086  
veterinarian, including all of the following: 2087

(a) The number of prescribers who personally furnished the 2088  
controlled substances; 2089

(b) The number of patients to whom the controlled substances 2090  
were personally furnished; 2091

(c) The average quantity of the controlled substances that 2092  
were furnished at one time; 2093

(d) The average daily morphine equivalent dose of the 2094  
controlled substances that were furnished at one time. 2095

(3) An aggregate of the information submitted to the board 2096  
under section 4729.771 of the Revised Code regarding medical 2097  
marijuana, including all of the following: 2098

(a) The number of retail dispensaries that dispensed 2099  
marijuana; 2100

(b) The number of patients to whom marijuana was dispensed; 2101

(c) The average supply of marijuana dispensed at one time; 2102

(d) The average daily dose of marijuana dispensed; 2103

(e) The types of diseases or conditions for which treatment 2104  
with medical marijuana was recommended. 2105

**Sec. 4729.86.** If the state board of pharmacy establishes and 2106  
maintains a drug database pursuant to section 4729.75 of the 2107  
Revised Code, all of the following apply: 2108

(A) (1) No person identified in divisions (A) (1) to (13), 2109  
(A) (15), (A) (16), or (B) of section 4729.80 of the Revised Code 2110  
shall disseminate any written or electronic information the person 2111  
receives from the drug database or otherwise provide another 2112  
person access to the information that the person receives from the 2113  
database, except as follows: 2114

(a) When necessary in the investigation or prosecution of a 2115  
possible or alleged criminal offense; 2116

(b) When a person provides the information to the prescriber 2117  
or pharmacist, or retail dispensary licensed under Chapter 3796. 2118  
of the Revised Code for whom the person is approved by the board 2119  
to serve as a delegate of the prescriber or pharmacist, or retail 2120  
dispensary for purposes of requesting and receiving information 2121  
from the drug database under division (A) (5) or (6), or (15) of 2122  
section 4729.80 of the Revised Code; 2123

(c) When a prescriber or pharmacist, or retail dispensary 2124

licensed under Chapter 3796. of the Revised Code provides the 2125  
information to a person who is approved by the board to serve as 2126  
such a delegate of the prescriber ~~or~~, pharmacist, or retail 2127  
dispensary; 2128

(d) When a prescriber or pharmacist includes the information 2129  
in a medical record, as defined in section 3701.74 of the Revised 2130  
Code. 2131

(2) No person shall provide false information to the state 2132  
board of pharmacy with the intent to obtain or alter information 2133  
contained in the drug database. 2134

(3) No person shall obtain drug database information by any 2135  
means except as provided under section 4729.80 or 4729.81 of the 2136  
Revised Code. 2137

(B) A person shall not use information obtained pursuant to 2138  
division (A) of section 4729.80 of the Revised Code as evidence in 2139  
any civil or administrative proceeding. 2140

(C) (1) Except as provided in division (C) (2) of this section, 2141  
after providing notice and affording an opportunity for a hearing 2142  
in accordance with Chapter 119. of the Revised Code, the board may 2143  
restrict a person from obtaining further information from the drug 2144  
database if any of the following is the case: 2145

(a) The person violates division (A) (1), (2), or (3) of this 2146  
section; 2147

(b) The person is a requestor identified in division (A) (14) 2148  
of section 4729.80 of the Revised Code and the board determines 2149  
that the person's actions in another state would have constituted 2150  
a violation of division (A) (1), (2), or (3) of this section; 2151

(c) The person fails to comply with division (B) of this 2152  
section, regardless of the jurisdiction in which the failure to 2153  
comply occurred; 2154

(d) The person creates, by clear and convincing evidence, a threat to the security of information contained in the database.

(2) If the board determines that allegations regarding a person's actions warrant restricting the person from obtaining further information from the drug database without a prior hearing, the board may summarily impose the restriction. A telephone conference call may be used for reviewing the allegations and taking a vote on the summary restriction. The summary restriction shall remain in effect, unless removed by the board, until the board's final adjudication order becomes effective.

(3) The board shall determine the extent to which the person is restricted from obtaining further information from the database.

Sec. 4731.283. (A) The state medical board shall approve one or more continuing medical education courses of study that assist qualifying physicians registered with the medical marijuana control commission under Chapter 3796. of the Revised Code in both of the following:

(1) Diagnosing qualifying medical conditions as defined in Chapter 3796. of the Revised Code;

(2) Treating qualifying medical conditions with medical marijuana.

(B) The board shall adopt rules in accordance with Chapter 119. of the Revised Code specifying the number of hours of continuing medical education in medical marijuana approved by the board that a qualifying physician registered under Chapter 3796. of the Revised Code must complete biennially.

(C) The board shall adopt rules in accordance with Chapter 119. of the Revised Code establishing for qualifying physicians

registered under Chapter 3796. of the Revised Code the minimal 2185  
standards of care when recommending treatment with medical 2186  
marijuana. 2187

**Section 2.** That existing sections 109.572, 519.21, 4123.54, 2188  
4729.75, 4729.80, 4729.81, 4729.82, 4729.83, 4729.84, 4729.85, and 2189  
4729.86 of the Revised Code are hereby repealed. 2190

**Section 3.** The Department of Commerce and the Medical 2191  
Marijuana Control Commission shall take all actions necessary to 2192  
ensure that the Medical Marijuana Control Program established 2193  
under Chapter 3796. of the Revised Code, as enacted by this act, 2194  
is fully operational not later than two years after the effective 2195  
date of this act. 2196

**Section 4.** The General Assembly may enact law levying an 2197  
excise tax on each transaction by which medical marijuana is 2198  
dispensed to a patient in accordance with Chapter 3796. of the 2199  
Revised Code, as enacted by this act. In addition to levying the 2200  
tax, the law shall subject persons dispensing medical marijuana to 2201  
all customary nondiscriminatory fees, taxes, and other charges 2202  
that are applied to, levied against, or otherwise imposed 2203  
generally upon other Ohio businesses, their gross or net revenues, 2204  
their operations, their owners, and their property. 2205

The Medical Marijuana Control Commission shall determine for 2206  
each fiscal year an amount the Commission considers necessary to 2207  
fund drug abuse prevention programs. That amount shall be 2208  
appropriated for that purpose from revenue arising from the excise 2209  
tax and revenue from license application and renewal fees imposed 2210  
under Chapter 3796. of the Revised Code, as enacted by this act. 2211

**Section 5.** The General Assembly hereby declares that it 2212  
intends to recommend that the United States Congress, the Attorney 2213

General of the United States, and the United States Drug 2214  
Enforcement Administration take actions as necessary to classify 2215  
marijuana as a schedule II controlled substance in an effort to 2216  
ease the regulatory burdens associated with research on its 2217  
potential medical benefits. 2218

**Section 6.** The General Assembly hereby declares that it 2219  
intends to establish a program to provide incentives or otherwise 2220  
encourage institutions of higher education and medical facilities 2221  
within this state to conduct academic and medical research 2222  
regarding medical marijuana. 2223

## **Substitute HB 523 Outline**

1. Creates Medical Marijuana Control Commission under the auspice of the Department of Commerce
  - 9 member commission
  - No more than 4 members of the Commission shall be from 1 political party
  - Commissioners shall not be paid salary but shall receive a per diem
  - Governor shall appoint:
    - 1 physician
    - 1 local law enforcement representative
    - 1 employer representative
  - Senate President shall appoint:
    - 1 labor representative
    - 1 pharmacist
    - 1 patient advocate
  - Speaker of the House shall appoint:
    - 1 representative of a pro-medical marijuana advocacy group
    - 1 representative from alcohol and drug addiction treatment
    - 1 representative from mental health treatment
2. Deadlines/Timeframe
  - All appointments shall be made within 30 days after the effective date of the bill
  - Within 30 days after the final appointment has been made, there shall be an organizational meeting of the commission
  - Rules necessary for carrying out their duties must be adopted within 1 year following the date of the organizational meeting
  - Within 1 year after the rules are adopted, the medical marijuana program shall be fully operational
3. Duties of the Commission
  - The Commission shall license the following:
    - Cultivators of Medical Marijuana
    - Retail Dispensaries of Medical Marijuana
    - Independent Labs required to test all medical marijuana
    - Processors of Medical Marijuana
  - Recommend rules to the department regarding the regulation of licensees
  - The Commission shall consult and cooperate with the Pharmacy Board regarding all rules pertaining to dispensaries

- The Commission shall consult and cooperate with the Medical Board regarding all rules pertaining to physicians
  - The Department of Commerce shall adopt all rules consistent with the recommendations of the Commission
  - The Commission may revoke or suspend the license of a licensee or fine the licensee for non-compliance
  - The Commission may inspect a licensee without prior notice
  - The Commission shall establish a toll-free call-in number for patients and health care professions for adverse reactions to medical marijuana
  - The Commission shall establish a program to help qualifying patients who are veterans or indigent obtain medical marijuana
  - The Commission shall attempt to negotiate reciprocity agreements in good faith with other states which have medical marijuana laws substantively similar to Ohio's. Negotiated reciprocity agreements shall be adopted into rule
  - The Commission shall administer patient and caregiver identification cards
  - The Commission shall conduct background checks on all applicants as well as the entity's administrator and corporate officers
  - The Commission shall establish a record containing number of patients and medical conditions for which medical marijuana is recommended
  - The Commission shall implement a real time tracking system to track medical marijuana in every phase of the process. The tracking system shall record when the cultivator received the seeds, the source from which the cultivator acquired the seeds, and every step of the process continuing until the medical marijuana is obtained by the patient at the dispensary. The Commission may contract with a vendor to accomplish this
  - The Commission shall attempt to meet minority business enterprise benchmarks for licensees in a manner similar to how state contracts are awarded
4. Regarding Physicians who Make Medical Marijuana Recommendations
- Must be a physician licensed and regulated by the State Medical Board
  - There must be a legitimate patient physician relationship between the physician and the patient as described in the bill
  - The initial recommendation for medical marijuana shall not be for a duration of longer than 90 days after which a follow-up visit is required. After the follow-up visit, the physician may recommend medical marijuana to the patient for up to 1 year in 90 day intervals



- After this year is up, the above dot point shall be repeated in order for the patient to continue receiving medical marijuana
  - The physician must keep track of the patients to whom he or she recommends medical marijuana, the conditions for which he or she recommended medical marijuana, why medical marijuana was recommended as opposed to other treatment, and in what form they recommended medical marijuana
  - Every 90 days, the physician shall report the following information to the Commission:
    - The number of patients to whom he or she recommended medical marijuana
    - The medical conditions for which he or she recommended medical marijuana (this can be done through the dispensary using ICD-10)
    - Why medical marijuana was recommended as opposed to another form of treatment
    - The form or forms of medical marijuana recommended to the patients
  - A physician shall also annually report to the Commission on the efficacy of the medical marijuana therapy
  - The reporting requirements in the above two dot points shall also be reported to the Medical Board
  - A physician shall not personally furnish or dispense medical marijuana
  - A physician shall include in their recommendation the amount of THC in the medical marijuana he or she is recommending
  - Commission may remove a physician from the registry of physicians authorized to recommend medical marijuana for non-compliance
  - A physician shall not recommend medical marijuana for himself or herself
  - A physician who recommends medical marijuana shall not have a financial interest in an entity licensed by the Commission
5. Regarding Cultivators of Medical Marijuana
- The department shall determine regulatory requirements by rule consistent with the commission's recommendations taking into account best practices
  - The Commission shall set a quota based on population and ensuring adequate access
6. Regarding Independent Labs
- Labs shall have no business affiliation with any other licensee of the Commission